

*Alaska's Early Intervention / Infant Learning Program*

# 2016 FAMILY OUTCOMES SURVEY

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*Families of children enrolled between January 1 and December 31, 2015*

*A Report for the*

Early Intervention/Infant Learning Program  
Office of Children's Services  
Department of Health & Social Services  
State of Alaska

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## Table of Contents

Executive Summary .....	3
Introduction .....	8
Methodology .....	9
Historical Development .....	9
Participants & Selection Procedures .....	10
Survey Procedures .....	11
Analyses of Data .....	11
Results .....	12
Response Rates .....	12
Demographics of Responding Families .....	14
Summary of Respondent Characteristics .....	16
Responses to Survey Items .....	17
Outcome 1: Understanding the Child .....	17
Outcome 2: Rights and Advocacy .....	18
Outcome 3: Help Child Develop and Learn .....	21
Outcome 4: Support Systems .....	22
Outcome 5: Community Access .....	23
Outcome 6: Satisfaction with EI Services .....	24
Additional Items About Childcare .....	25
Childcare Resources in Communities .....	27
Expanded Look at Satisfaction with EI/ILP Services .....	28
Overall Satisfaction by Region .....	28
Regional and ILP Grantee Results on Satisfaction Items .....	28
Regional Satisfaction Patterns .....	30
Northern Region .....	30
Anchorage Region .....	31
Southcentral Region .....	32
Southeast Region .....	33
Discussion of Comments Added to Surveys .....	34
Expressions of Gratitude & Satisfaction .....	34
Mixed Expressions of Satisfaction/Dissatisfaction .....	34
Expressions of Frustration or Other Indications of Dissatisfaction .....	35
Childcare Comments .....	35
Other Comments .....	35
Nature of Comments by Region .....	36
Conclusions .....	36
Issues for Survey Administration .....	37
Appendix A: Invitational Letter & Survey Instrument .....	39
Appendix B: Comments Added to Surveys .....	43

## List of Tables & Figures

Pages

Figure 1: Relative strengths of outcome areas compared with previous year results	4
Table 1: Response sorted by EI/ILP regions	12
Table 2: Response sorted by grantees	13
Table 3: Race/Ethnicity of children in responding families...	15
Table 4: How children in responding families qualified for services...	15
Table 5: Reasons families exited the program during the service year	16
Table 6: Exit placements of children who left the program during the service year	16
Item 1: Our child is growing and learning, and we understand our child's development...	17
Item 2: We know most of what we need to know about our child's special needs.	18
Item 3: We can tell if our child is making progress.	18
Item 4: We are fully informed about the programs and services that are available...	19
Item 5: We have been informed of our right to choose which EI services we receive.	19
Item 6: We are comfortable participating in meetings with professionals to plan services...	20
Item 7: We know what to do if we are not satisfied with any part of our child's program...	20
Item 8: We know how to help our child develop and learn.	21
Item 9: We know how to help our child learn to behave.	21
Item 10: Our family has worked with professionals to develop a plan to help our child...	21
Item 11: There are people we can talk with any time we want to help us deal with...	22
Item 12: We have people we can call on for help...to watch our child for a short time.	22
Item 13: We are able to do the activities our family enjoys.	23
Item 14: We have excellent medical care for our child.	23
Item 15: Our child has opportunities to fully participate in activities in the community...	23
Item 17: We have excellent childcare for our child.	24
Item 16.1: Our ILP provider has done an excellent job helping us know our rights.	24
Item 16.2: ...helping us effectively communicate our child's needs.	25
Item 16.3: ...helping us help our child develop and learn.	25
Item 18: Our ILP provider works closely with our childcare provider.	25
Figure 2: Status of regular childcare (estimates derived from Items 17 & 19)	26
Item 20: There is childcare where we live that is able to care for...special needs.	27
Item 21: Childcare seems to be important to our whole community.	27
Item 22: There is a childcare provider we can use who can follow our child's IFSP.	27
Figure 3: Overall satisfaction pattern since 2008	28
Table 7: Overall satisfaction by EI/ILP region (combined results on 3 satisfaction items)	28
Table 8: Mean satisfaction responses by EI/ILP region	29
Table 9: Mean satisfaction responses by ILP grantee	29
Figure 4: Mean satisfaction results in EI/ILP regions	30
Table 10: Summary of satisfaction percentages by EI/ILP region	30
Northern Region: RIGHTS / NEEDS / LEARN	31
Anchorage Region: RIGHTS / NEEDS / LEARN	31
Southcentral Region: RIGHTS / NEEDS / LEARN	32
Southeast Region: RIGHTS / NEEDS / LEARN	33
Table 11: Distribution of comments by EI/ILP regions	36
Figure 5: Relative strengths and weaknesses in family outcomes	37

## 2016 FAMILY OUTCOMES SURVEY

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### Executive Summary

Alaska's Early Intervention/Infant Learning Program (EI/ILP) oversees an array of flexible early intervention services for children birth to three years of age who have or are at risk for disabilities or developmental delays. During the 2015 calendar year, services were delivered in communities across the state through 16 grantees that provided Infant Learning Program (ILP) services at the community level.

The U.S. Department of Education Office of Special Education Programs (OSEP) requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act. The 2016 Family Outcomes Survey asked about family experiences based on five OSEP family outcome areas and general level of satisfaction with services received from an ILP:

1. Families understand their children's strengths, abilities, and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs, and activities in their communities.
6. Families are satisfied with the services they receive.

Nineteen survey items used in 2016 to measure family outcomes were essentially the same as corresponding items since the 2009 survey. In 2012, the EI/ILP wanted to have more information from families about access to childcare in their communities, and five childcare items were added to the protocol. This brought the total number of items on the survey to 24.

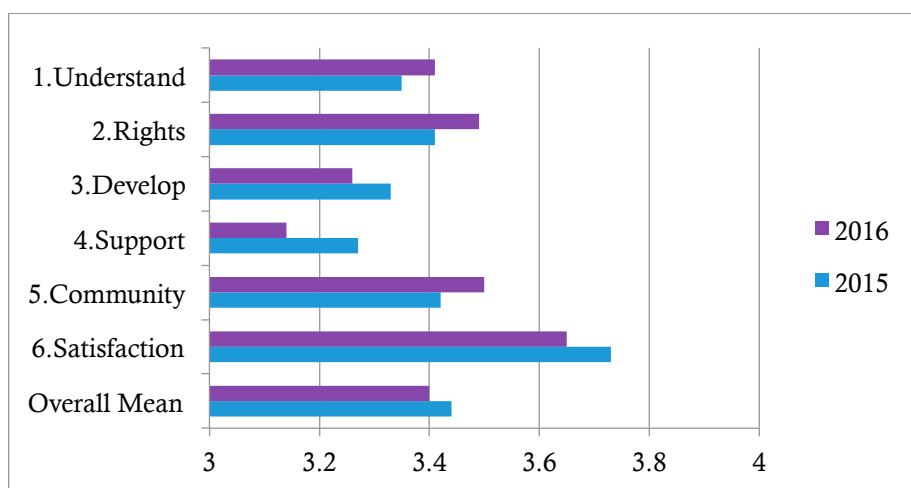
Families rated experiences with their children and their ILP on statements by choosing how often each statement was true for their family: none of the time, some of the time, most of the time, or all of the time. This 4-point Likert scale was recommended to the EI/ILP by a group of Alaska Native providers who had consulted as a group about making survey instruments more culturally appropriate for Alaska's indigenous cultures.

Families enrolled during the 2015 calendar year with children eligible for Part C and enrolled for at least 6 months comprised the eligible population for the 2016 Family Outcomes Survey ( $N = 792$  families with 839 children). The survey utilized a randomly selected 20% target group of families, stratified geographically by EI/ILP grantee service area and by race of children. It was comprised of 158 families with 164 children. Survey packets were mailed to target families, inviting them to complete the survey by mail, online, or over the phone. Follow-up was conducted with phone calls and postcard reminders.

There were 67 completed surveys rendering a 42% response rate. Characteristics of children in responding families were fairly similar to those in both the target group (stratified random selection) and the total eligible population. There was high similarity on the age of children, how they qualified for services, and whether or not they were still enrolled in services at the

time of the survey. Among responders there were higher proportions of children who were Part B eligible and enrolled in preschool special education. Of the most concern was a proportionately lower response from families with Native children and this probably reflected the overrepresentation of these families among those who could not be reached by phone or declined to participate. However, any potential differences in characteristics across responding, target, and eligible families were too small to warrant any statistical correction.

It can be concluded from the results of the 2016 Family Outcomes Survey that the vast majority of families (approximately 93%) were satisfied all ( $\cong 72.6\%$ ) or most ( $\cong 20.4\%$ ) of the time with the ILP services they received during the 2015 calendar year. The overall survey mean based on items in the six outcome areas was 3.40 on a 1-4 scale. Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs. Figure 1 illustrates the outcome level pattern of results in the 2016 survey, compared to results in the previous annual survey.



**Figure 1:** Relative strengths of outcome areas compared with previous year results

The strongest outcome area was Outcome 6 ( $M = 3.64$ ) regarding satisfaction with ILP services. Outcome 5 (community access,  $M \cong 3.50$ ) and Outcome 2 (rights and advocacy,  $M = 3.49$ ) were the next strongest, followed by Outcome 1 (parental understanding of children,  $M = 3.41$ ). These were all above the overall mean ( $M = 3.40$ ). Outcome 3 (parental ability to help children develop and learn,  $M = 3.26$ ) was weaker, and the weakest was Outcome 4 (social support,  $M = 3.14$ ). There were no statistically significant differences within responses at the outcome level based on *region of residence*. There was a significant difference within Outcome 2 responses by *race* (rights and advocacy), which is better described by looking at results at the item level (see paragraph about Outcome 2).

### **Outcome 1: Parental Understanding of Children**

Outcome 1 was a typical result ( $M = 3.41$ ) in the pattern of outcome results, similar to the overall survey mean. The greatest strength within Outcome 1 indicated higher caregiver confidence in ability to *understand children's development*. The greatest weakness indicated lower caregiver confidence *understanding children's special needs*. The latter tends to be among weaker items on the survey. Caregivers have consistently indicated they needed more help understanding their children's special needs.

### **Outcome 2: Rights and Advocacy**

Outcome 2 was relatively stronger ( $M = 3.49$ ), above the overall survey mean. The greatest strength was caregivers being *comfortable in meetings with professionals*. This was the strongest outcome item response on the 2016 survey. The greatest weakness was in caregivers *being informed about available programs and services*. Response on the latter item has declined since 2011, and it was among weaker responses in 2016.

There was a significant difference in responses by *race* within Outcome 2. Responses from families with Native children were lower for all four items within Outcome 2, but only one was statistically different from the responses of families with White children: caregivers of Native children felt they were much less informed about their *right to choose which early intervention services they received*. These results did not appear to be influenced by where people resided, either by region or by rural/urban settings.

Though not statistically different, families with Native children still gave a very weak response on *knowing what to do if not satisfied* with their children's services. Interestingly, means for both families with Native children and families with White children were above the item mean on *informed about available programs and services*. Responses from the relatively very small group of other families with non-White children were weak enough to pull the item mean down.

### **Outcome 3: Parental Ability to Help Children Develop and Learn**

Outcome 3 was relatively weaker ( $M = 3.26$ ), below the overall survey mean. This is an outcome-level pattern consistent with previous survey years. The greatest strength was in caregivers *working with professionals to develop a plan*. The greatest weakness was in caregivers *knowing how to help children behave*. The latter tends to be among the weakest item responses on the survey. Caregivers have consistently, across all surveyed years, indicated they needed more help in working with their children's behavior.

### **Outcome 4: Social Support**

Outcome 4 was the weakest outcome area ( $M = 3.14$ ), well below the overall survey mean. This is a consistent outcome-level pattern across all surveyed years. The greatest strength within Outcome 4 was in caregivers having access to *people they could talk with* any time they wanted. The greatest weakness was access to resources for *occasional childcare*. The latter tends to be among the weakest item responses on the survey, and it was the lowest rated item in 2016. Caregivers have consistently, across all surveyed years, indicated they needed more help in building social resources for occasional childcare.

### **Outcome 5: Community Access**

Outcome 5 was a relatively stronger outcome area ( $M \cong 3.50$ ), above the overall survey mean. One item in Outcome 5 is excluded from statistical tests due to "n/a" responses. The outcome area mean reported here is estimated based on the difference between this item mean and the aggregate mean of other items. The greatest strength within Outcome 5 was family access to *excellent medical care* and this tends to be among the strongest items on the survey. Access for *children to participate in activities in the community* was the greatest weakness. This pattern within Outcome 5 has been consistent since the 2010 survey.



### **Outcome 6: Satisfaction with EI Services**

Outcome 6 was the strongest outcome area ( $M = 3.65$ ), well above the overall survey mean. This continues an overall trend of high satisfaction. Statistical tests by *region* did not reveal any statistically significant differences in satisfaction. It is still worth mentioning that the Southeast Region had the highest satisfaction results by region, and the Anchorage Region had the lowest, lower than the last two years.

### **Childcare in Communities**

One item under Outcome 5 covering general access to childcare indicated 33% of responding families always had this resource, while another 12% had it most or some of the time. The survey included five items asking for more detailed information about issues and community resources relevant to childcare. Additional information from respondents:

- 39% did not want or need regular childcare at that time
- 5% wanted childcare, but had not looked for it yet
- 12% wanted childcare, but could not find any that worked for them

Almost half of respondents (32 or 48%) indicated knowledge about *childcare resources for children with special needs* in their communities. Of these, 47% indicated it was more available and 53% indicated it was less available. This was a similar pattern to the previous year.

The response was turned around when caregivers were asked if there was a *childcare provider who could follow their child's IFSP*. Of the 40 respondents who indicated knowledge of this resource, 53% indicated it was more available and 48% indicated less available. This reversal of pattern between items was the same in the previous two survey years.

A majority of respondents (55 or 82%) indicated knowledge about the *importance of childcare* in their communities. Of these, 71% indicated childcare was more important, and 29% indicated it was less important. This was similar to the previous year.

Regarding ILP and childcare providers working together, over half (57%) of the 28 families who had childcare and felt this would be applicable to their circumstances said this happened most or all of the time. This is similar to results in recent years. Prior to the 2014 survey about two-thirds of families indicated this level of interaction.

### **Comments Added to Surveys**

Well over half of responding caregivers added comments to surveys (39 or 58%). There are survey items relevant to childcare, so it was not surprising that nine caregivers added a comment (6) or a portion of a comment (3) about childcare. Two “other” comments and a portion of a comment were not directly relevant to childcare or ILP services.

Of the 31 comments and portions of comments that were directly relevant to caregiver satisfaction with ILP services, the vast majority (81%) were either positive (24) or mostly positive (1-mixed), expressing gratitude and satisfaction. Two mixed comments were evenly positive-negative. Four comments were negative (2) or mostly negative (2-mixed). Almost all the negative or more negative comments indicated a lack of quality in the services families received. Individual comments highlighted needs for clearer communication, professional behavior, timely service, and more assistance.

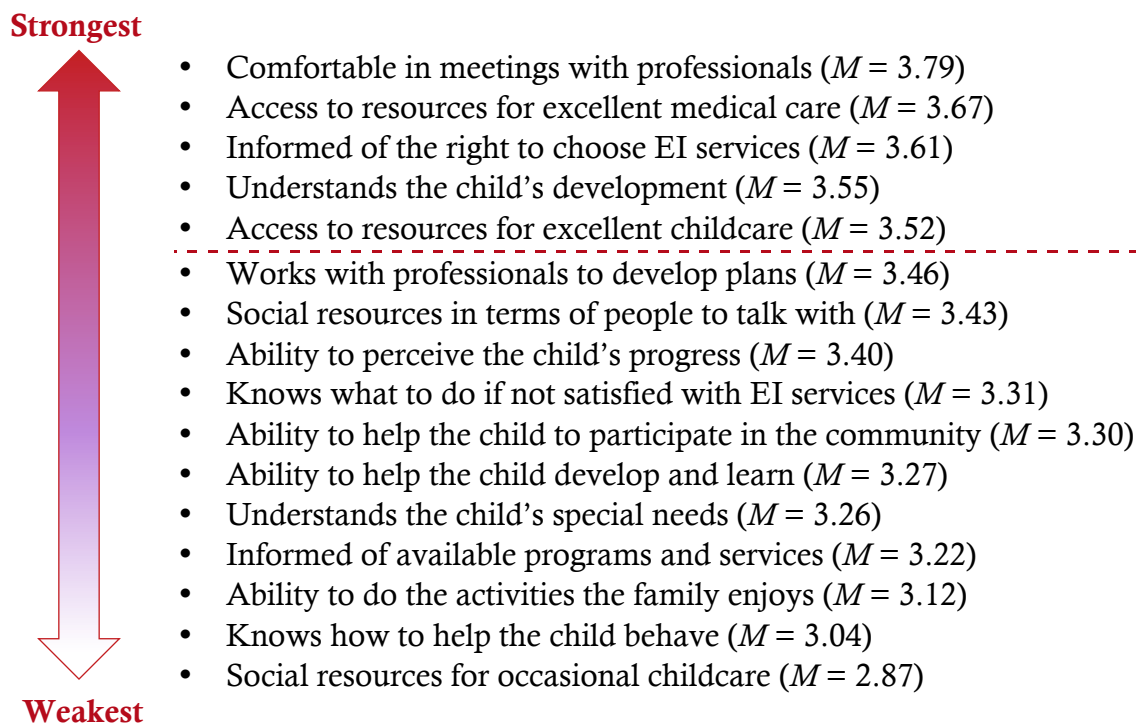


### Issues to Consider

Family satisfaction continued at a high level in three regions. Even though regional differences in satisfaction were not statistically significant, a movement downward in the Anchorage Region deserves some attention to determine what might have reduced family satisfaction during the 2015 calendar year as compared to the previous two years.

The weaker responses from families with Native children in Outcome 2 are a concern. It seemed that this was largely about information that is communicated to families. How information was shared might not have been as effective for families with non-White children in general. Cultural differences and language differences should be revisited.

The pattern of relative item strengths is somewhat different than the previous year, but there was a continuation of more items surpassing the benchmark for strength since the 2014 survey. It is also true that most of the weak results in 2016 were weaknesses that have persisted over time. Below are the aspects of family knowledge, resources, and abilities from the strongest to the weakest, as measured in the 2016 survey. The benchmark for stronger outcomes is a mean of 3.50, indicated by the dashed line.



Regarding childcare issues, the availability of childcare in communities is beyond the scope of ILP responsibility. However, an area where ILP providers can make a difference in the quality of local childcare is in working with childcare providers to help them understand and address the special needs of young children they both serve. The evidence in this survey suggested that as a whole, fewer children and families have been receiving this benefit since the 2013 survey. It is also worth mentioning, as a comment indicated, it can be the daycare center that impedes ILP access and assistance.

## 2016 FAMILY OUTCOMES SURVEY

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### Introduction

Alaska's Early Intervention /Infant Learning Program (EI/ILP) is currently one of the three core programs supporting children, youth, and families under the administration of the Office of Children's Services (OCS), along with Early Childhood Comprehensive Systems Planning and Child Protection and Permanency. OCS and EI/ILP are under the Alaska Department of Health and Social Services (HSS).

To assist children who are at risk for disabilities or developmental delays to have a healthier start in life (birth to age 3), the EI/ILP oversees an array of flexible early intervention services. During the 2015 calendar year, services were delivered in communities across the state through 16 EI/ILP grantees. Grantees typically include school districts, mental health associations, Native organizations, parent associations, and other nonprofit organizations. ILP services include developmental screening and evaluation; individualized family service plans; home visits; physical, occupational, and speech therapies; and children's mental health services. ILP providers share assessment, development, and intervention information and strategies with families, deal with specialized equipment, and make appropriate referrals to meet child and family needs that are beyond the scope of Alaska's Infant Learning Programs.

EI/ILP funding comes from multiple sources including State general funds, federal Part C funds, Medicaid, and billing receipts from insurance and other third party payers. EI/ILP activity and progress are reported to the U.S. Department of Education Office of Special Education Programs (OSEP). OSEP requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act (IDEA). Through a developmental process of working with experts and stakeholders, OSEP identified five family outcome areas. Guided by this framework, Alaska's annual EI/ILP Family Outcomes Survey gathers this type of information from the perspective of families in Alaska who received ILP services, along with their general level of satisfaction with services, resulting in 6 outcome areas:

1. Families understand their children's strengths, abilities, and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs, and activities in their communities.
6. Families are satisfied with the services they receive.

## Methodology

### *Historical Development*

Through a series of stakeholder meetings, the protocol chosen by the EI/ILP to measure OSEP outcomes in 2006 and 2007 was the Early Childhood Outcomes (ECO) Center's tool, the *ECO Family Outcomes Survey*. The method was a census approach (i.e., sending one survey per each child who received any ILP services in the targeted year). The evaluators of the 2007 survey found a number of potential problems with the quality of information gathered, and recommended greatly simplifying the 8-page instrument, but keeping the focus of each of the 18 items to match the ECO Center tool. Methodological recommendations included making the family the unit of measurement (rather than the child) and randomly selecting a segment of the population stratified by ILP service areas to receive the survey (rather than using a census approach) and concentrating efforts on striving for a high response rate. Proposed changes were approved by OSEP and first implemented in the 2008 survey.

For the 2009 survey, EI/ILP made several revisions to survey items. Some were the same focus, but worded more simply or succinctly. Noted problems with compound items were resolved and new items added, resulting in 21 outcome items. In 2011, “n/a” (not applicable) was added to response options for an item regarding access to childcare. This helped to help distinguish between families who used or wanted childcare and those who did not, improving interpretation of results on this item. Methodology was improved in 2011 to use a 20% target group rather than a static number, and to stratify the target group by race of children as well as by ILP service areas. These improvements in method were retained in subsequent years.

In 2012 two items that did not contribute meaningful information to results were eliminated, leaving 19 outcome items. The EI/ILP also wanted to receive more information from families about access to childcare, and 5 childcare items were added, bringing the total number of items to 24. Childcare items covered how much ILP providers worked with childcare providers, availability of childcare for children with special needs, importance of childcare in the community, access to childcare providers who could follow an IFSP, and reasons people did not have regular childcare.

The same 24 items were retained in the 2013 through 2016 surveys, with some slight improvements in wording in 2014 to make items more consistent. These improvements did not significantly alter meanings of items from a respondent perspective. In fact, other than relatively minor improvements to outcome items since 2009, a high degree of consistency lends a high level of confidence to comparisons of results across survey years.

Caregivers were asked to rate their experiences with the ILP that served them on outcome items by choosing how often each statement was true: none of the time, some of the time, most of the time, or all of the time. This 4-point Likert scale was recommended to the EI/ILP by a group of indigenous providers who had consulted about making survey instruments more culturally appropriate for Alaska's indigenous cultures.

The same scale was used on four of the childcare items, along with “n/a” or “don't know” response options. One community childcare item was only for families who did not have

regular childcare, asking them to indicate a reason why from multiple-choice options. The 2016 instrument is included with this report in Appendix A.

### *Participants & Selection Procedures*

Families eligible for the survey needed to have at least one child who was eligible for Part C services, enrolled in the program during the 2015 calendar year, and enrolled for at least 6 months. Data about potentially eligible children and families was pulled from the EI/ILP statewide database. Families were removed if there was a lack of sufficient information to send a survey packet by mail. Deliverable mail served as documentation for families (similar to informed consent), as well as providing an opportunity to respond by mail or online. The final eligible population consisted of 839 children in 792 families.

A target group comprised of 158 families was randomly selected from eligible families to receive the 2016 survey by mail. In order to stratify the target group by geography and by race of children, a series of random numbers were assigned to all families in the eligible population. The data was sorted by 16 ILP service areas and again by up to 6 race categories per area. Within each resulting area/race category, the 20% with the highest random numbers were selected for the target group. At least one family was included in any area where the population served was too small to have one family in the target group.

When ILP providers entered data in the field, they were allowed to select multiple options for race and an option for ethnicity (Hispanic or Latino). Typically the largest proportions of children in EI/ILP services are identified as Alaska Native or American Indian (“Native”) or White/Caucasian (“White”), with little representation on other races or ethnicity.

Children with any Native heritage are defined as Native for stratification purposes. This matches the culture in Alaska where people with partial Native heritage are recognized as members of Tribes or other indigenous groups, along with social and legal implications. Thus about 39.6% of the children in the eligible population and 40.2% in the selected target group had Native heritage by this definition.

Small differences in demographic proportions between the eligible population and the target group can be an artifact of selection procedures that avoided systematically excluding families in low incidence race categories or with missing race data. Specific to the 2016 survey, there were 24 cases in the eligible population where Hispanic/Latino was indicated with no corresponding race data. This occurred across six ILP service areas, but the incidence of missing race data for children identified as Hispanic/Latino *within areas* ranged from 17% to 100%. It seems likely data entry has improved in the three areas where the incidence of missing race data was less than 25%. Rather than excluding these families, they were treated as an additional stratification category. In addition, there were five ILP areas where race/ethnic categories had only one or two families in each, failing to meet the minimum threshold to include one family of that race/ethnicity in the target group. Rather than excluding these families, they were combined within each respective ILP service area, and the 20% with the highest random numbers were selected into the target group.

### *Survey Procedures*

A third-party evaluator, the University of Alaska Anchorage Center for Human Development (CHD), was contracted to implement the 2016 survey. Survey packets containing an invitational letter, the survey instrument, and a postage-paid return envelope were mailed to the initially selected target group families on April 12, 2016. If a packet was returned as undeliverable by May 6, the procedure was to replace it using the next highest random number within the same area/race category. This procedure resulted in fourteen replacement families in the target group. The final target group was comprised of 158 families with 164 children. The given deadline for responding was May 23. The survey was closed on May 24.

The introductory letter (in Appendix A) invited families to complete the survey by mail, online, or by using a toll-free phone number, and informed them evaluators would contact them in about two weeks if a survey had not been completed. When an evaluator reached families by phone, caregivers were invited to complete the survey over the phone or online. Requests to call at another time, opt out, or resend the survey were honored with courtesy.

Having a working phone number was not required for inclusion in the target group. When non-responding families could not be reached by phone, a postcard reminder was sent by mail. It included the toll-free phone number and the online address to access the survey. The postcard was also used as a reminder for families who told callers they would complete the survey online or by mail, but did not do so as the deadline approached.

### *Analyses of Data*

Analyses of data for this annual survey include descriptive statistics such as frequencies, distributions, and measures of central tendency. When an item response appears different from a previous year's response, the two sets of responses are compared using an independent 2-tailed t-test. A univariate analysis of variance (ANOVA) is used to examine patterns within outcome areas, and sometimes in item responses, based on regions of residence. Post hoc testing uses *Tukey* for pairwise comparisons when differences among variances are small, Levene's test is  $\geq .05$ , and equal variances are assumed; or *Dunnett C* when differences among variances are larger, Levene's test is  $\leq .05$ , and equal variances are not assumed. There are typically only enough children of Native and White heritage to test for differences in results by race. Independent 2-tailed t-tests are used to test for these differences at the regional level, and sometimes at the item level. In all analyses, equal variances are assumed unless indicated otherwise.

Comments added to surveys fall into general categories based on being positive, negative, or mixed positive/negative. Because there are items asking about childcare, some respondents add comments or portions of comments specific to childcare. The latter are reported in a separate category because ILPs are not directly responsible for the general quality or availability of childcare resources in communities. A discussion of comments is at the end of the Results section. De-identified comments are listed in Appendix B.



## Results

### Response Rates

Sixty-seven ( $n = 67$ ) surveys were completed by families from the target group for an overall response rate of 42%. Following are details relevant to the response rate. “No contact” refers to undeliverable mail returned after the cutoff date for replacing families (May 6).

Target Families (with 14 replacement families)	158
Made contact (mail and/or phone)	157
Ineligible	0
Opted out or did not respond (O)	90
Eligible completed surveys (S)	67
No contact (N)	1
Response Rate = $S / (S + O + N) = 0.4240506$ or 42%	

Thirteen ( $n = 13$ ) or 19% of the 67 respondents completed surveys by mail or online, while 81% ( $n = 54$ ) responded by phone. Table 1 shows the number and proportion of response rates sorted by EI/ILP regional service areas. The highest regional response in 2016 was for Southcentral and Southeast at 50% each. The Northern Region came in just under the overall response rate at 41%. The lowest response was in the Anchorage Region at 36%. The latter is still considered an acceptable response rate for survey research.

**Table 1:** Response sorted by EI/ILP regions

	EI/ILP Region	ILP Grantee (EI/ILP Code)	Sent	Rec'd	%
1	Northern	Alaska Center for Children & Adults (ACC) Northwest Arctic Borough School District (NWA) Norton Sound Health Corporation (NSH) Tanana Chiefs Conference (TCC)	37	15	41%
2	Anchorage	Programs for Infants & Children (PIC) FOCUS - Family Outreach Center for Understanding Special Needs (FOC)	61	22	36%
3	Southcentral	Bristol Bay Area Health Corporation (BBA) Kodiak Area Native Association (KAN) Mat-Su Services for Children & Adults (MSU) Yukon Kuskokwim Health Corporation (YKH)	30	15	50%
4	Southeast	Center for Community (CFC) Community Connections (CCK) Frontier Community Services (FCS) REACH, Inc. (REA) SeaView Community Services (SVC) Sprout Family Services (SFS)	30	15	50%
Total Families			158	67	42

Table 2 shows a further breakdown of response rates by ILP grantees. In three cases, there was no response. Even though these numbers are small, this occurrence can pull down a regional response rate. Two areas with no response were both in the Northern Region (NWA, NSH). However, a low response from the ILP area with the largest service population (PIC) probably had the most negative impact on the overall response rate.

**Table 2: Response sorted by grantees**

	ILP Grantee (EI/ILP Code)	Service Area	Sent	Rec'd	%
1	Alaska Center for Children & Adults (ACC)	Fairbanks, Copper River Basin, Valdez, North Slope	28	13	46%
2	Bristol Bay Area Health Corporation (BBA)	Dillingham	5	3	60%
3	Center for Community (CFC)	Sitka	2	1	50%
4	Community Connections (CCK)	Ketchikan, Craig, Prince of Wales Island	6	4	67%
5	FOCUS (FOC)	Eagle River, Chugiak, Elmendorf/Richardson, Cordova	12	5	42%
6	Frontier Community Services (FCS)	Soldotna	7	4	57%
7	Kodiak Area Native Association (KAN)	Kodiak	2	2	100%
8	Mat-Su Services for Children & Adults (MSU)	Wasilla	13	7	54%
9	Northwest Arctic Borough S.D. (NWA)	Kotzebue	4	---	---
10	Norton Sound Health Corporation (NSH)	Nome	2	---	---
11	Programs for Infants & Children (PIC)	Anchorage	49	17	35%
12	REACH, Inc. (REA)	Juneau, Haines, Petersburg	10	4	40%
13	SeaView Community Services (SVC)	Seward	1	---	---
14	Sprout Family Services (SFS)	Homer	4	2	50%
15	Tanana Chiefs Conference (TCC)	Interior Alaska	3	2	67%
16	Yukon Kuskokwim Health Corp. (YKH)	Bethel	10	3	30%
Total Families			158	67	42%

Within regions and sometimes within agency service areas, both urban and rural populations were served. If responding families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as the more urban families, 40.8% of children in the responding sample were more urban, and 59.2% were more rural. This compares to 45.1% urban, 54.9% rural in the target group; and 45.4% urban, 54.6% rural in the eligible population. A proportionately larger rural response can be explained by the low response in the largest urban center. However, this difference is still small.

As noted previously, only 13 of this year's responses were received by mail or completed online. In some cases these were completed after people were reminded by a phone call. Phone calls to non-responders beginning April 27 were conducted during weekdays, evenings, and on weekends in attempts to reach people when they were available. However, having a working phone number was not a requirement for being included in the target group. Reminder postcards were mailed to all target group families that could not be reached by phone in a timely manner.

Of those who did not initially respond by mail or online, there were 18 cases where people answered a phone call, but either verbally declined (14) or purposely hung up (4) on the caller (i.e., did not pick up when immediately called back). In one additional case, a person entered an authorization number to open an online survey, but closed it without answering any questions. This is a total of 19 families who declined to participate after receiving a phone call or postcard, or 12% of the target group.



There were 26 cases (20% of the target group) where families didn't have a working phone number. Over half of these cases (14) were calls that went to recordings saying the numbers were not in service. In another 7 cases calls could not connect (e.g., persistent busy signals or not accepting calls). Five phone numbers were incorrect (i.e., wrong numbers). Four were missing from the database.

As was noted in the previous survey year, there were also a lot of calls that always went to voicemail. Messages were left the first time a call went to voicemail, which may have influenced whether or not people answered subsequent calls. Which conditions or types of nonresponsive behavior that probably had the largest negative impact on response rates varied somewhat by region.

- The largest impact in the **Northern Region** was from 10 *nonworking phone numbers*, representing 27% of target families in the region.
- In the **Anchorage Region**, the largest impact was a combination of three factors: calls that *always went to voicemail* (9), calls that *always went to voicemail after someone asked for a call back* (8), and *nonworking phone numbers* (7). This represented 39% of target families in the region.
- The largest impact in the **Southcentral Region** was from 10 families who were reached by phone, but *declined to participate*, representing 33% of target families in the region.
- In the **Southeast Region**, the largest impact was a combination of two factors: calls that *always went to voicemail* (4) and *nonworking phone numbers* (4). This represented 27% of target families in the region.

There were 77 families that could not be reached by phone or declined to participate, representing almost half (49%) of the total target group. Rural families represented over half of these cases ( $n = 43$  or 56%). Similarly, rural families comprised about 55% of the total target group. However, families of children with Native heritage were overrepresented at 51% ( $n = 39$ ), as families with Native children comprised only 40% of the total target group.

### *Demographics of Responding Families*

**Note:** About 79% of caregivers in the eligible population were parents of the child and another 4% were grandparents. There were about 15% who may or may not have had any biological or cultural relationship with the child (foster parents or legal guardians), and another 1% where the relationship was not specified. Thus, the “race/ethnicity of families” cannot be entirely assumed based on the race/ethnicity of children.

Among the 67 families who responded to the survey, there were 71 children who met the criteria for their families to be included in this sample. Children with Native heritage (as a single race or one of two or more races) accounted for 24 children (33.8%). White as a single race accounted for 40 children (56.3%). Together this represented most of the children in the responding sample of families: 64 of 71 children, or 90.1%.

Table 3 shows the data on race/ethnicity of children across the families who *responded* to the survey, those in the randomly selected *target* group, and the total population of children

*eligible* for the survey. Note that more than one race could be indicated for one child, and Hispanic/Latino is an ethnicity across multiple races.

**Table 3:** Race/ethnicity of children in responding families compared to the randomly selected target group and the total eligible survey population

Race*/Ethnicity of Children	Responders		Target Group		Eligible	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
AK Native or Am. Indian	24	33.8	66	40.2	332	39.6
Asian	2	2.8	7	4.3	33	3.9
Black/African American	4	5.6	7	4.3	48	5.7
Pacific Islander	---	---	4	2.4	18	2.1
White/Caucasian	48	67.6	96	58.5	489	58.3
No race indicated	2		6		25	
Hispanic or Latino	6	8.5	13	7.9	52	6.2
Total Children	71		164		839	

\*Single race or mixed race.

Children with Native heritage accounted for 33.8% of *responding* families compared to 40.2% of *target* and 39.6% of *eligible* families. Children with White as a *single race* accounted for 56.3% of *responding* families compared to 48.2% of *target* and 48.3% of *eligible* families. Small differences between the target and eligible populations are likely an artifact of procedures to prevent systematically leaving out low incidence families in service areas or race categories. Even so, there seemed to be a proportionately lower response from families with Native children.

The most typical age of children at the time of the 2016 survey was 27 to 29 months across responders, target families, and the eligible population. All families included in the 2016 survey had one or more children who were enrolled in an ILP and qualified for Part C services. Table 4 shows a comparison of the qualifying categories of children across the responders, target group, and eligible population. For all three, the reason the largest proportion of children qualified (58 percent) was a documented delay of over 50%. The predominance of eligibility on this criterion has been a consistent pattern in demographics across survey years.

**Table 4:** How children in responding families qualified for services compared to the target group and the total eligible survey population

Qualifying Category	Responders		Target Group		Eligible	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Part C Diagnosis	15	21.1	32	19.5	170	20.3
Delays > 50%	41	57.7	95	57.9	487	58.0
Clinical Opinion	15	21.1	37	22.6	182	21.7
Total Children	71		164		839	

Within *responding* families, 33 (46.5%) children were still enrolled in the program at the time of the survey, and 38 (53.5%) had exited the program sometime during the year. This compares to the *target group* with 80 (48.8%) enrolled and 84 (51.2%) exited; and the total

*eligible child population* with 399 (47.6%) enrolled and 440 (52.4%) exited. Thus the response from those who were enrolled and those who had exited from the program was similar.

Table 5 shows reasons families exited the program. Of the children among the responders, as well as those in the target group and in the eligible population who exited during calendar year 2015, the exit reason given for the largest proportion (45 to 58 percent) was “Part B eligible,” indicating they had aged out of Part C services, and were qualified to continue receiving services under Part B of IDEA. This represents another consistent pattern in demographics across survey years. Responding families included a relatively higher proportion of children who were Part B eligible.

**Table 5:** Reasons families exited the program during the service year

Exit Reason	Responders	Target Group	Eligible
Part B eligible	22 (57.9%)	41 (48.8%)	196 (44.5%)
Completion of IFSP prior to age 3	8 (21.1%)	15 (17.9%)	69 (15.7%)
Withdrawal by parent/guardian	5 (13.2%)	16 (19.0%)	53 (12.0%)
Attempts to contact unsuccessful	---	3	33
Moved out of state	1	2	27
Part B eligibility not determined	1	3	26
Not Part B eligible, exit with no referrals	1	1	18
Not Part B eligible, exit to other program	---	3	16
Reason not indicated	---	---	2
Total Children Exited	38	84	440

Table 6 shows placements for children after exiting an ILP. In all three groups, the exit placement was most often either in preschool special education (44 to 50 percent) or in the home (29 to 36 percent). Responding families included a relatively higher proportion of children with placements in preschool special education.

**Table 6:** Exit placements of children who left the program during the service year

Exit Placement	Respondents	Target Group	Eligible
Preschool Special Education	19 (50.0%)	38 (45.2%)	192 (43.6%)
Home	13 (34.2%)	24 (28.6%)	157 (35.7%)
Child Care/Preschool	1	7	31
Other Setting	3	6	28
Head Start	2	5	12
Outpatient Therapy	---	2	3
In-State EI/ILP Transfer	---	---	2
Placement Not Indicated	---	2	15
Total Children Exited	38	84	440

### *Summary of Respondent Characteristics*

Characteristics of children in responding families were fairly similar to those in both the target group (stratified random selection) and the total eligible population. There was no evidence of meaningful differences in the age of children, how they qualified for services, and whether or not they were still enrolled in services at the time of the survey. For

responding families, there were higher proportions of children who were Part B eligible and enrolled in preschool special education. Of the most concern was a proportionately lower response from families with Native children, probably reflecting an overrepresentation of these families among those who declined or could not be reached by phone. However, any potential differences between the responding sample, target group, and eligible population were too small to warrant any statistical correction.

### Responses to Survey Items

#### Notes:

- All reported percentages in results are rounded, thus percentages broken down by subcategories do not necessarily add up to exactly 100%.
- The total number of responses can vary for each survey item because respondents could choose not to answer any item. Moreover, if a respondent circled multiple responses for an item on a paper survey, it had to be treated as missing data.
- When there is missing data on items, those cases may be automatically excluded from aggregate statistical tests, noted by the “*n*” reported with results.

The overall mean rating on outcome items was 3.40 on a 1-4 scale. Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs. The overall means cannot be statistically compared over time due to periodic modifications of items within the protocol. However, the 2016 overall mean was similar to 2015 ( $M = 3.44$ ,  $n = 71$ ), and most survey years since 2009.

Statistical tests indicated no statistically significant differences by region for the six outcome areas. There was a significant difference by race in one outcome area, mostly the impact of a large difference in the response on one item in that area (see results on items under Outcome 2). The following examination of survey results is organized first by outcome area, followed by childcare items, and an expanded look at satisfaction by region.

### Outcome 1: Understanding the Child

Items 1-3 on the survey asked respondents to indicate how often they understood their children’s development, special needs, and progress. The mean response for Outcome 1 ( $M = 3.41$ ) was similar to the overall survey mean ( $M = 3.40$ ), and above the outcome result for the previous survey year ( $M = 3.35$ ).

The greatest strength was in caregivers’ *understanding children’s development* ( $M = 3.55$ ). The greatest weakness was in confidence around *understanding children’s special needs* ( $M = 3.26$ ,  $n = 66$ ). This is a shift in the item response pattern from the previous year, but not uncommon.

**Item 1:** Our child is growing and learning, and we understand our child’s development very well.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.55 Median: 4 Mode: 4 SD: .558
2	Some of the time	2	3.0	
3	Most of the time	26	38.8	
4	All of the time	39	58.2	
Total Responses		67	100	

The response on Item 1 indicated that a very high 97% of responding families felt they understood their child's development very well, all (58%) or most (39%) of the time. The item mean was above the overall survey mean. This seemed to be higher than the response in 2015 ( $M = 3.28$ ,  $n = 74$ ), and this difference was statistically significant:  $t(139) = 2.72$ ,  $p = .007$ . It was among the relatively strong outcome item responses on the 2016 survey.

**Item 2:** We know most of what we need to know about our child's special needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.26 Median: 3 Mode: 3 SD: .708
2	Some of the time	10	14.9	
3	Most of the time	29	43.3	
4	All of the time	27	40.3	
Total Responses		66	98.5	
Missing		1	1.5	

The response on Item 2 indicated that 84% of responding families felt they knew what they needed to know about their children's special needs most (43%) or all (40%) of the time. About 15% indicated they knew only some of the time. The item mean was below the overall survey mean. Response on this item has been fairly consistent over time, tending to be the weakest item within Outcome 1 and among the relatively weak items on the survey.

**Item 3:** We can tell if our child is making progress.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.5	Mean: 3.40 Median: 4 Mode: 4 SD: .719
2	Some of the time	6	9.0	
3	Most of the time	25	37.3	
4	All of the time	35	52.2	
Total Responses		67	100	

A high 90% of respondents indicated on Item 3 that they could tell when their children were making progress, all (52%) or most (37%) of the time. The item mean was the same as the overall survey mean. Sometimes it is useful to consider where an item falls if the satisfaction items are excluded. The satisfaction items are different and usually rated higher than other outcome items. In this case, response on this item was above average relative to the mean of non-satisfaction items ( $M = 3.36$ ). In the 2015 survey this item was strongest in Outcome 1 ( $M = 3.51$ ,  $n = 74$ ), but the difference was not statistically significant.

### **Outcome 2: Rights and Advocacy**

Items 4-7 asked respondents to indicate how much they knew about their rights and their capacity to advocate effectively on behalf of their children. The mean response for Outcome 2 ( $M = 3.49$ ) was above the overall survey mean ( $M = 3.40$ ). This was similar to Outcome 2 results in more recent survey years.

The greatest strength was in whether or not caregivers were *comfortable in meetings with professionals* ( $M = 3.79$ ). The greatest weakness was in being *informed about programs and services* available to families ( $M = 3.22$ ). This has been a typical item response pattern within Outcome 2 in recent survey years.



There was a significant difference by race at the outcome level. Responses from families with Native children as a group ( $M = 3.30$ ,  $n = 22$ ) were significantly lower than responses from families with White children ( $M = 3.62$ ,  $n = 38$ ):  $t(30.68) = -2.28$ ,  $p = .03$ , equal variances not assumed. This difference is better described by results at the item level.

**Item 4:** We are fully informed about the programs and services that are available for our child and family.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.22 Median: 3 Mode: 3 SD: .735
2	Some of the time	12	17.9	
3	Most of the time	28	41.8	
4	All of the time	27	40.3	
Total Responses		67	100	

About 82% of responding families indicated on Item 4 that they were informed about programs and services all (40%) or most (42%) of the time. There was a noteworthy 18% indicating they were informed some of the time. Response on this item began to decline in 2012. The response in 2016 seemed higher than the response in 2015 ( $M = 3.16$ ,  $n = 74$ ), but the difference was not statistically significant. Thus after earlier gains, response on this item continues to be weaker. It was the weakest item response within Outcome 2, below the overall survey mean, and among weaker outcome responses on the 2016 survey.

The response on Item 4 from families with Native children as a group ( $M = 3.23$ ) was lower than those with White children ( $M = 3.32$ ), but the difference was not statistically significant. It is worth noting that both these means are above the item mean if only a slight amount for families with Native children. Responses from the relatively very small group of other families with non-White children were weak enough to pull the item mean down.

**Item 5:** We have been informed of our right to choose which Early Intervention services we receive.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.5	Mean: 3.61 Median: 4 Mode: 4 SD: .695
2	Some of the time	5	7.5	
3	Most of the time	13	19.4	
4	All of the time	48	71.6	
Total Responses		67	100	

A high 91% of respondents indicated on Item 5 that they were informed of their right to choose services all (72%) or most (19%) of the time. The item mean was well above the overall survey mean. The response seems higher than the response in 2015 ( $M = 3.41$ ,  $n = 74$ ), but the difference was not statistically significant. However, there has been evident improvement in response on this item since 2013.

There was a significant difference by race in the responses on Item 5. Responses from families with Native children as a group ( $M = 3.23$ ) were significantly lower than responses from families with White children ( $M = 3.84$ ):  $t(24.56) = -2.85$ ,  $p = .009$ , equal variances not assumed.

There were proportionately more families with Native children residing in rural areas (64% as compared to 55% for families with White children). Rural/urban residence can be a factor in a response difference. Thus a similar comparison was made on all Item 5 responses based on rural ( $M = 3.54$ ,  $n = 39$ ) versus urban ( $M = 3.71$ ,  $n = 28$ ) residence. The difference here was not statistically significant:  $t(65) = -1.021$ ,  $p = .311$ , *ns*. Thus it can be concluded more confidently that as a group, responding caregivers of Native children felt they were less informed about their right to choose which early intervention services they received.

**Item 6:** We are comfortable participating in meetings with professionals to plan services or activities for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.79 Median: 4 Mode: 4 SD: .478
2	Some of the time	2	3.0	
3	Most of the time	10	14.9	
4	All of the time	55	82.1	
Total Responses		67	100	

On Item 6, a very high 97% of respondents indicated they were comfortable participating in meetings all or most of the time, with 82% indicating all of the time. This was the strongest outcome item response on the 2016 survey, higher even than the satisfaction items. It seemed to be higher than the item response in the 2015 survey ( $M = 3.66$ ,  $n = 74$ ), but the difference was not statistically significant. Response has tended to be higher on this item since the 2010 survey, and it continues to be among the strongest outcomes on the survey.

The response on Item 6 from families with Native children as a group ( $M = 3.59$ ) was lower than those with White children ( $M = 3.87$ ), but the difference was not statistically significant.

**Item 7:** We know what to do if we are not satisfied with any part of our child's program and services.

Rating		Frequency	Percent	Central Tendency
1	None of the time	3	4.5	Mean: 3.31 Median: 4 Mode: 4 SD: .857
2	Some of the time	8	11.9	
3	Most of the time	21	31.3	
4	All of the time	35	52.2	
Total Responses		67	100	

On Item 7, about 84% of families indicated they felt they knew what to do if they were not satisfied, all (52%) or most (31%) of the time. The remaining 16% knew what to do only some or none of the time. The item mean was below the overall mean, and it seemed to be below the 2015 response ( $M = 3.41$ ,  $n = 74$ ), but the difference was not statistically significant. Response on this item was just below the average response on the non-satisfaction items.

The response on Item 7 from families with Native children as a group ( $M = 3.14$ ) was lower than those with White children ( $M = 3.45$ ), but the difference was not statistically significant. However, it is worth noting that the mean for families with Native children was a very weak result. It was the weakest item response from this group of caregivers on all the items within Outcome 2.



### Outcome 3: Help Child Develop and Learn

Items 8-10 on the survey asked respondents to indicate how well they knew how to help their children develop, behave, and learn new skills. The mean response for Outcome 3 ( $M = 3.26$ ) was below the overall survey mean ( $M = 3.40$ ). This was similar to the Outcome 3 result in the previous three survey years.

The strongest item was *working with professionals to develop a plan* ( $M = 3.46$ ). The greatest weakness was in knowing how to *help children learn to behave* ( $M = 3.04$ ). The weak response on this latter item is a consistent pattern within Outcome 3 across survey years.

#### Item 8: We are sure we know how to help our child develop and learn.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.27 Median: 3 Mode: 3 SD: .566
2	Some of the time	4	6.0	
3	Most of the time	41	61.2	
4	All of the time	22	32.8	
Total Responses		67	100	

A high 94% of respondents indicated on Item 8 they were sure they knew how to help their children develop and learn, most (61%) or all (33%) of the time. However, the item mean was below the overall survey mean. Among the non-satisfaction items it was also a below average response. Overall, response on this item has been fairly consistent across time.

#### Item 9: We are sure we know how to help our child learn to behave.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.04 Median: 3 Mode: 3 SD: .661
2	Some of the time	13	19.4	
3	Most of the time	38	56.7	
4	All of the time	16	23.9	
Total Responses		67	100	

About 81% of respondents indicated on Item 9 that they were sure they knew how to help their children learn to behave, most (57%), or all (24%) of the time. A noteworthy 19% indicated they were sure only some of the time. The item mean was far below the overall survey mean. It was the weakest item response within Outcome 3 and among the weakest outcome items on the 2016 survey. Response on this item has been consistently low since the 2008 survey.

#### Item 10: Our family has worked with professionals to develop a plan to help our child learn new skills.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	3.0	Mean: 3.46 Median: 4 Mode: 4 SD: .804
2	Some of the time	7	10.4	
3	Most of the time	16	23.9	
4	All of the time	42	62.7	
Total Responses		67	100	

About 87% of responding families indicated on Item 10 that they worked with professionals to develop a plan all (63%) or most (24%) of the time. Well over half indicated they did this all of the time. The item mean was above the overall survey mean, but the response seemed weaker than what is typical on this item. However, the difference in responses between 2016 and 2015 ( $M = 3.54$ ,  $n = 74$ ) was not statistically significant.

#### Outcome 4: Support Systems

Items 11-13 on the survey asked respondents to indicate levels of resources for emotional support, assistance from others, and ability to do activities the families enjoyed. The mean response for Outcome 4 ( $M = 3.14$ ) was well below the survey mean ( $M = 3.40$ ), and it was the weakest of all outcome areas in the 2016 survey. It seemed weaker than the Outcome 4 result in 2015 ( $M = 3.27$ ,  $n = 74$ ), but the difference was not statistically significant. A lower result for Outcome 4 has been a consistent pattern across survey years since 2009.

The relative strength within Outcome 4 was in families *having people to talk with* to deal with problems or celebrate ( $M = 3.43$ ). The greatest weakness was in having resources for *occasional childcare* ( $M = 2.87$ ). This represents a typical pattern within Outcome 4.

**Item 11:** There are people we can talk with any time we want to help us deal with problems or celebrate when good things happen.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.43 Median: 4 Mode: 4 SD: .763
2	Some of the time	11	16.4	
3	Most of the time	16	23.9	
4	All of the time	40	59.7	
Total Responses		67	100	

About 84% of responding families indicated on Item 11 that there were people they could talk with to deal with problems or celebrate good things, all (60%) or most (24%) of the time. The item mean was just above the overall survey mean. Response on this item has been fairly consistent since 2008.

**Item 12:** We have people we can call on for help when we need someone to watch our child for a short time.

Rating		Frequency	Percent	Central Tendency
1	None of the time	9	13.4	Mean: 2.87 Median: 3 Mode: 4 SD: 1.100
2	Some of the time	18	26.9	
3	Most of the time	13	19.4	
4	All of the time	27	40.3	
Total Responses		67	100	

On Item 12, a low 60% of families indicated they had people to watch their children for a short time all (40%) or most (19%) of the time. A substantial 40% had this resource only some (27%) or none (13%) of the time. The item mean was far below the overall survey mean. Response on this item tends to be among the weakest items on the survey. It was the weakest item response in 2016, as well as the weakest in recent survey years. It is worth noting that a high standard deviation on this item is common. It reflects a greater diversity in social resources among the responding caregivers.

**Item 13:** We are able to do the activities our family enjoys.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.12 Median: 3 Mode: 3 SD: .789
2	Some of the time	17	25.4	
3	Most of the time	25	37.3	
4	All of the time	25	37.3	
Total Responses		67	100	

About 75% of caregivers indicated on Item 13 that they were able to do activities their families enjoyed most (37%) or all (37%) of the time. A noteworthy 25% could do this only some of the time. The item mean was well below the overall survey mean, and it seemed lower than the 2015 response ( $M = 3.28$ ,  $n = 74$ ), but the difference was not statistically significant. Since 2009 this item has been among the weakest items on the survey.

### Outcome 5: Community Access

Items 14, 15, and 17 asked respondents to indicate levels of access to desired services, programs, and inclusive activities. Item 17 regarding childcare is not applicable to a high proportion of respondents. This is problematic for aggregate statistics and analyses. The mean response for Outcome 5 excluding Item 17 ( $M = 3.49$ ) was above the survey mean ( $M = 3.40$ ). The mean response on Item 17 ( $M = 3.52$ ,  $n = 31$ ) was slightly higher. Taking this into account, an adjusted mean of 3.50 better represents the outcome as a whole.

The greatest strength in this outcome area was access to *excellent medical care* ( $M = 3.67$ ), and a relative weakness was access to *participate fully in the community* ( $M = 3.30$ ), which has been a consistent pattern since the 2010 survey.

**Item 14:** We have excellent medical care for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.67 Median: 4 Mode: 4 SD: .613
2	Some of the time	5	7.5	
3	Most of the time	12	17.9	
4	All of the time	50	74.6	
Total Responses		67	100	

A high 93% of caregivers indicated on Item 14 they had excellent medical care all (75%) or most (18%) of the time. About 8% indicated less access. The item mean was well above the survey mean. Response on this item tends to be the strongest within Outcome 5 and among the strongest items on the survey, a pattern that continued in the 2016 survey.

**Item 15:** Our child has opportunities to fully participate in activities in the community (e.g., playing with others, social or religious events).

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	3.0	Mean: 3.30 Median: 4 Mode: 4 SD: .835
2	Some of the time	10	14.9	
3	Most of the time	21	31.3	
4	All of the time	34	50.7	
Total Responses		67	100	

On Item 15, about 82% of respondents indicated their children had opportunities for community inclusion most (31%) or all (51%) of the time. A noteworthy 18% indicated less access. The item mean was below the survey mean. It was also below average on non-satisfaction items. Response on this item dropped in 2010 and remained lower.

**Item 17:** We have excellent childcare for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	3.2	Mean: 3.52 Median: 4 Mode: 4 SD: .851
2	Some of the time	4	12.9	
3	Most of the time	4	12.9	
4	All of the time	22	71.0	
Total Responses		31	100	
Not Applicable: 36 (53.7% of all respondents)				

To help clarify response on Item 17, “n/a” (not applicable) was added as a response option starting in 2011. This helped to distinguish families that used or wanted childcare from those who chose not to have childcare. Prior to this improvement, “none of the time” responses could not be interpreted as a lack of access to quality childcare.

Over half (54%) of respondents indicated this item was not applicable to their circumstances. Of the remaining 31, about 84% indicated they had excellent childcare, all (71%), or most (13%) of the time. About 16% indicated less access. The pattern of responses on this item has been fairly consistent since 2011. In 2016 the mean response from this subset of families was above the overall survey mean, and among the strong responses on the survey.

**Outcome 6: Satisfaction with EI Services**

**Note:** More detail about the regional patterns of response on satisfaction items is covered in a later section of this report, *Expanded Look at Satisfaction with EI/ILP Services*.

Item 16 on the survey consisted of the statement, “Our ILP provider has done an excellent job...” followed by three sub-items asking respondents to indicate the quality and effectiveness of services they received in three topical areas: helping us know our rights, helping us effectively communicate our child’s needs, and helping us help our child develop and learn. The mean response for Outcome 6 ( $M = 3.65$ ) was far above the overall survey mean ( $M = 3.40$ ), which is a typical pattern for this outcome area.

As a whole, families indicated they were highly satisfied with the ILP services they had received during the 2015 calendar year. Each item result within Outcome 6 was very strong.

**Item 16.1:** Our ILP provider has done an excellent job helping us know our rights.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.5	Mean: 3.70 Median: 4 Mode: 4 SD: .628
2	Some of the time	3	4.5	
3	Most of the time	11	16.4	
4	All of the time	52	77.6	
Total Responses		67	100	

A high 94% of responding families indicated the ILP had done an excellent job helping them know their rights all (78%) or most (16%) of the time. The item mean was far above the overall survey mean. A high response is typical.

**Item 16.2:** Our ILP provider has done an excellent job helping us effectively communicate our child's needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.5	Mean: 3.60 Median: 4 Mode: 4 SD: .676
2	Some of the time	4	6.0	
3	Most of the time	16	23.9	
4	All of the time	46	68.7	
Total Responses		67	100	

A high 93% of responding families indicated the ILP had done an excellent job helping them effectively communicate their children's needs all (69%) or most (24%) of the time. The item mean was far above the survey mean. A high response is typical.

**Item 16.3:** Our ILP provider has done an excellent job helping us help our child develop and learn.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.5	Mean: 3.65 Median: 4 Mode: 4 SD: .644
2	Some of the time	3	4.5	
3	Most of the time	14	20.9	
4	All of the time	48	71.6	
Total Responses		66	98.5	
Missing		1	1.5	

A high 93% of responding families indicated the ILP had done an excellent job helping them help their children develop and learn all (72%) or most (21%) of the time. The item mean was far above the overall survey mean. A high response is typical.

### *Additional Items About Childcare*

Prior to 2012, only Item 17 (included within Outcome 5) addressed childcare. Beginning in 2012, the EI/ILP added five more items about childcare because they wanted to gather more information from responding families about issues and community resources for childcare. These responses are considered separately from outcomes. In the 2015 and 2016 survey instrument, all items relevant to regular childcare were presented together. Items 17-19 addressed personal experience with childcare and related issues, while items 20-22 addressed caregiver perceptions of childcare resources in the communities where they lived.

**Item 18:** Our ILP provider works closely with our childcare provider.

Rating		Frequency	Percent	Central Tendency
1	None of the time	5	17.9	Mean: 2.82 Median: 3 Mode: 4 SD: 1.188
2	Some of the time	7	25.0	
3	Most of the time	4	14.3	
4	All of the time	12	42.9	
Total Responses		28	100	
Not Applicable: 39 (58.2% of all survey respondents)				

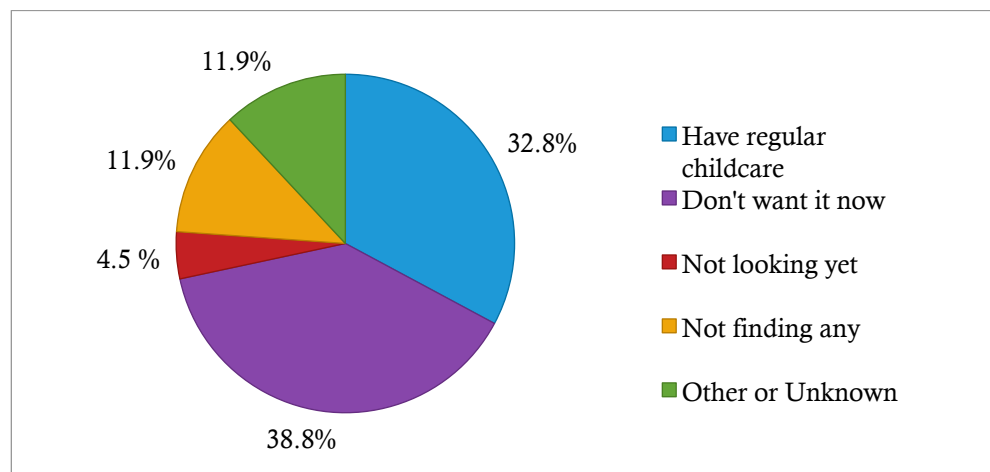
Item 18 is the only childcare item with some relevance to ILP services. Guiding childcare providers can make a direct contribution to the quality of childcare for young children with special needs. Twenty-eight families (42%) indicated Item 18 was applicable to them, and over half (57%) indicated interaction most or all of the time. Prior to the 2014 survey, about two-thirds of this subset of respondents indicated this level of interaction. In 2014 and 2015, the pattern shifted down to about half.

**Item 19** on the survey was addressed only to those families that did not have regular childcare at the time of the survey, and 37 caregivers responded (55% of all respondents). They were asked to indicate which one of three statements was most true for their family.

Of the 37 respondents on Item 19:

- 20 (70.3%) indicated they did not want regular childcare at that time.
- 3 (8.1%) indicated they wanted childcare, but had not looked for it yet.
- 8 (21.6%) indicated they wanted childcare, but could not find any that worked for them.

Figure 2 combines the response from families without regular childcare on Item 19 above with response on Item 17 indicating 22 families most likely had ongoing regular childcare at the time of the survey (responded “all of the time”). While any potential overlap in response should be minimal, it cannot be assumed the following represents an exact distribution in the sample because the data comes from two separate and different survey items.



**Figure 2:** Status of regular childcare (estimates derived from Items 17 & 19)

Using the estimates represented in Figure 2, the proportion of families indicating they had ongoing regular childcare in the 2016 survey ( $\cong 33\%$ ) was slightly higher than 2015 ( $\cong 28\%$ ). The proportion of voluntary stay-at-home caregivers was a larger jump (39% as compared to 28% for 2015), but still lower than the 2014 proportion (47%). Eight families (12%) wanted childcare and were having difficulties finding any that worked for them. This is a lower proportion than the 2015 survey (24%), but the same as 2014 (12%). Only a few families wanted childcare, but were not looking yet.



## Childcare Resources in Communities

**Item 20:** There is childcare where we live that is able to care for children with special needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	5	15.6	Mean: 2.56 Median: 2 Mode: 2 SD: 1.045
2	Some of the time	12	37.5	
3	Most of the time	7	21.9	
4	All of the time	8	25.0	
Total Responses		32	100	

I don't know: 35 (52.2% of all survey respondents)

Just over half (52%) of respondents indicated on Item 20 that they did not know if there were local childcare providers able to care for children with special needs. Of the 32 who responded, less than half (47%) indicated this resource was available all (25%) or most (22%) of the time. The majority (53%) indicated this resource was sometimes (38%) or never (16%) available. Both 2015 and 2016 results were a more negative pattern of responses than prior survey years.

**Item 21:** Childcare seems to be important to our whole community.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.8	Mean: 3.15 Median: 3 Mode: 4 SD: .891
2	Some of the time	15	27.3	
3	Most of the time	14	25.5	
4	All of the time	25	45.5	
Total Responses		55	100	

I don't know: 12 (17.9% of all survey respondents)

Twelve respondents (18%) indicated on Item 21 that they did not know about the perception of the importance of childcare in their communities. Of the 55 who responded, most (71%) indicated childcare was important all (46%) or most (26%) of the time. About 29% indicated this was sometimes (27%) or never (2%) true. Both 2015 and 2016 results were a more positive pattern of responses than prior survey years.

**Item 22:** There is a childcare provider we can use who can follow our child's IFSP.

Rating		Frequency	Percent	Central Tendency
1	None of the time	8	20.0	Mean: 2.75 Median: 3 Mode: 4 SD: 1.214
2	Some of the time	11	27.5	
3	Most of the time	4	10.0	
4	All of the time	17	42.5	
Total Responses		40	100	

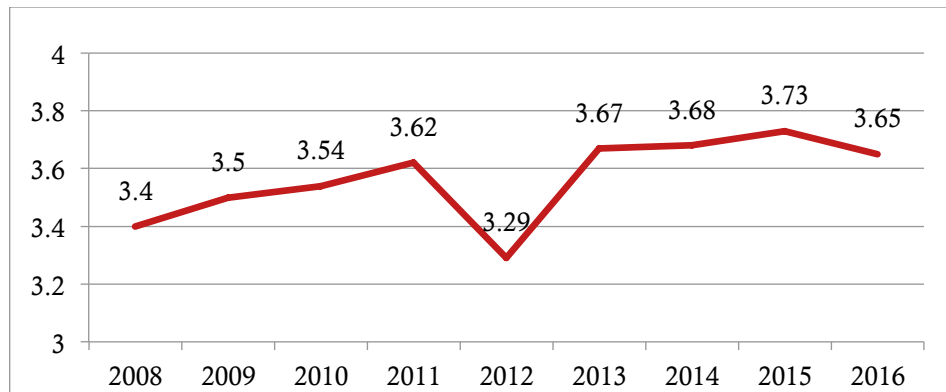
I don't know: 27 (40.3% of all respondents)

About 40% of respondents indicated they did not know if there were local childcare providers who could follow their children's IFSPs. Of the 40 who responded, over half (53%) indicated this resource was available all (43%) or most (10%) of the time. About 48% indicated this resource was sometimes (28%) or never (20%) available. This fairly even split in responses is a more positive pattern in responses than results prior to the 2014 survey.



### Expanded Look at Satisfaction with EI/ILP Services

The three items measuring satisfaction with EI services have remained exactly the same since the 2008 survey. Combining responses, mean satisfaction in the 2016 survey was 3.65 on 1-4 scale. The vast majority of families (approximately 93%) were satisfied most or all of the time. This is slightly lower than 2015, but the difference is not meaningful. With the exception of a 2012 downturn in satisfaction that was largely attributed to higher turnover of ILP service providers, the 2016 level of satisfaction continues a trend of higher satisfaction results. The pattern since 2008 is illustrated in Figure 3.



**Figure 3:** Overall satisfaction pattern since 2008

### Overall Satisfaction by Region

Table 7 shows mean responses on combined satisfaction items for each EI/ILP region. Satisfaction was highest in the Southeast and Southcentral regions. There were no statistically meaningful differences by region. However, it is worth mentioning that the Anchorage Region mean was slightly below the benchmark used to indicate stronger outcome items (< 3.50).

**Table 7:** Overall satisfaction by EI/ILP region (combined results on 3 satisfaction items)

Region	<i>n</i>	<i>M</i>
<b>Northern Region:</b> ACC, NSH, NWA, TCC	15	3.65
<b>Anchorage Region:</b> PIC, FOC	21-22	3.46
<b>Southcentral Region:</b> BBA, KAN, MSU, YKH	15	3.76
<b>Southeast Region:</b> CFC, CCK, FCS, REA, SFS, SVC	15	3.82
Statewide	66-67	3.65

### Regional and ILP Grantee Results on Satisfaction Items

**Caveat:** When response data is broken down by item and by region, each rating becomes a less reliable indicator on its own. When further broken down by grantee, a “sample” could be a single family. Therefore, one should use caution in making judgments about ILP agencies or regions using these results, as well as how agencies or regions compare with each other.

**Notes:** The number of responses in the following tables varies by grantee agency and by region because the size of the service populations varies proportionately. Key words used to refer to the three satisfaction items in subsequent tables are capped and bolded in the following text from Item 16.

Our ILP provider has done an excellent job...

- helping us know our **RIGHTS**.
- helping us effectively communicate our child's **NEEDS**.
- helping us help our child develop and **LEARN**.

Regional mean ratings on each of the three satisfaction items are shown in Table 8. Most often, means are relatively lower or higher than others, but not dramatically different. However, the Southeast Region result for Learn ( $M = 3.93$ ) was remarkably high. Need and Learn were also exceptionally high in the Southcentral Region ( $M = 3.80$  for both). It is evident that the lower regional satisfaction mean for the Anchorage Region was due to lower results for both Need and Learn ( $M = 3.32$  and  $M = 3.38$  respectively).

**Table 8:** Mean satisfaction responses by EI/ILP region (Scale 1-4)

	EI/ILP Region	ILP Grantees	RIGHTS	NEED	LEARN	<i>n</i>
1	Northern	ACC, NWA, NSH, TCC	3.67	3.67	3.60	15
2	Anchorage	PIC, FOC	3.68	3.32	3.38	21-22
3	Southcentral	BBA, KAN, MSU, YKH	3.67	3.80	3.80	15
4	Southeast	CFC, CCK, FCS, REA, SFS, SVC	3.80	3.73	3.93	15
	Statewide		3.70	3.60	3.65	66-67

Table 9 shows satisfaction item data broken down by ILP grantees. In 2016 item means for 5 grantees went below a 3.50 benchmark. There were no respondents in 3 grantee areas.

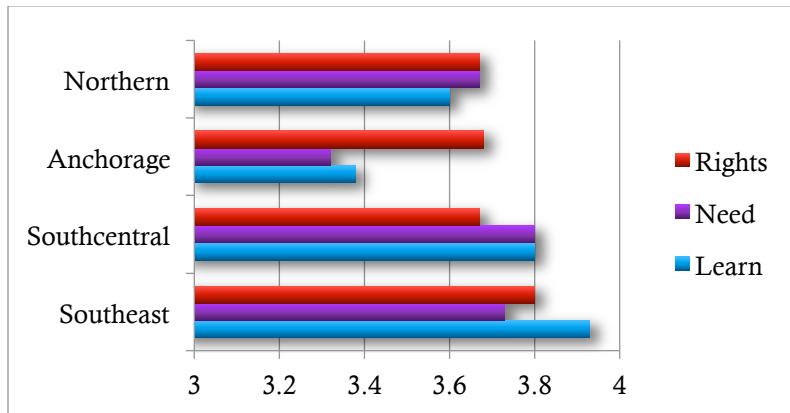
**Table 9:** Mean satisfaction responses by ILP grantee (Scale 1-4)

	ILP Grantee (EI/ILP Code)	RIGHTS	NEED	LEARN	<i>n</i>
1	Alaska Center for Children & Adults (ACC)	3.77	3.77	3.69	13
2	Bristol Bay Area Health Corporation (BBA)	3.00	3.67	3.67	3
3	Center for Community (CFC)	4.00	4.00	4.00	1
4	Community Connections (CCK)	3.50	3.25	3.75	4
5	FOCUS (FOC)	3.80	3.40	3.60	5
6	Frontier Community Services (FCS)	4.00	4.00	4.00	4
7	Kodiak Area Native Association (KAN)	4.00	4.00	4.00	2
8	Mat-Su Services for Children & Adults (MSU)	3.71	3.71	3.71	7
9	Northwest Arctic Borough S.D. (NWA)	---	---	---	---
10	Norton Sound Health Corporation (NSH)	---	---	---	---
11	Programs for Infants & Children (PIC)	3.65	3.29	3.31	16-17
12	REACH, Inc. (REA)	4.00	4.00	4.00	4
13	SeaView Community Services (SVC)	---	---	---	---
14	Sprout Family Services (SFS)	3.50	3.50	4.00	2
15	Tanana Chiefs Conference (TCC)	3.00	3.00	3.00	2
16	Yukon Kuskokwim Health Corp. (YKH)	4.00	4.00	4.00	3
	Statewide	3.70	3.60	3.65	66-67

Note: The overall mean is figured on the total number of responses, and does not necessarily equal an average of the rounded means in the table.

### Regional Satisfaction Patterns

The following narrative takes a closer look at details of responses on the three satisfaction items within each region. It also looks more closely at regional proportions of respondents who indicated they were satisfied all or most of the time on each item. There is more confidence in regional level results if regional response rates were acceptable and the responding sample seems to be representative. These conditions were met within acceptable limits. Figure 4 illustrates relative responses on the three satisfaction items across regions.



**Figure 4:** Mean satisfaction results in EI/ILP regions

Table 10 is a summary of the percentages of the total number of respondents in each region who indicated satisfaction on each item most or all of the time. Unlike statistical summaries of scale ratings, this measure is figured against all potential respondents. Thus missing data lowers percentages. The Anchorage Region had missing data on one satisfaction item.

**Table 10:** Summary of satisfaction percentages by EI/ILP region

	EI/ILP Region	ILP Grantees	RIGHTS %	NEED %	LEARN %	<i>n</i>
1	Northern	ACC, NWA, NSH, TCC	100	100	93	15
2	Anchorage	PIC, FOC	95	82	82	21-22
3	Southcentral	BBA, KAN, MSU, YKH	87	100	100	15
4	Southeast	CFC, CCK, FCS, REA, SFS, SVC	93	93	100	15
	Statewide		94	93	93	66-67

### Northern Region

Forty-one percent (41%) of contacted families in the Northern Region responded to the 2016 survey. Of the 15 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their **rights** (100%), helping them to effectively communicate their children's **needs** (100%), and helping them to help their children develop and **learn** (93%). This was fairly typical results for the region on this measure, and somewhat stronger than last year.

The Northern Region had high mean satisfaction ( $M = 3.65$ ), the same as statewide ( $M = 3.65$ ). Ratings on individual items were high, ranging from 3.60 to 3.67.

### Northern Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.67 Median: 4 Mode: 4 SD: .488
2	Some of the time	---	---	
3	Most of the time	5	33.3	
4	All of the time	10	66.7	
Total Responses		15	100	

### Northern Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.67 Median: 4 Mode: 4 SD: .488
2	Some of the time	---	---	
3	Most of the time	5	33.3	
4	All of the time	10	66.7	
Total Responses		15	100	

### Northern Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.60 Median: 4 Mode: 4 SD: .632
2	Some of the time	1	6.7	
3	Most of the time	4	26.7	
4	All of the time	10	66.7	
Total Responses		15	100	

### Anchorage Region

The Anchorage Region had the lowest response rate at 36% of contacted families in the region. This is still considered an acceptable response rate for survey research. Of the 22 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their **rights** (95%), helping them to effectively communicate their children's **needs** (82%), and helping them to help their children develop and **learn** (82%). This is weaker than the results on this measure from the previous two years.

Mean satisfaction ( $M = 3.46$ ) was below statewide satisfaction ( $M = 3.65$ ). One item was a high 3.68 (*helping families know their rights*). It was *helping families communicate their children's needs* and *helping them help their children develop and learn* that were both below the benchmark for stronger outcomes ( $< 3.50$ ).

### Anchorage Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.5	Mean: 3.68 Median: 4 Mode: 4 SD: .716
2	Some of the time	---	---	
3	Most of the time	4	18.2	
4	All of the time	17	77.3	
Total Responses		22	100	

### **Anchorage Region: NEEDS**

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.5	Mean: 3.32 Median: 4 Mode: 4 SD: .894
2	Some of the time	3	13.6	
3	Most of the time	6	27.3	
4	All of the time	12	54.5	
Total Responses		22	100	

### **Anchorage Region: LEARN**

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.5	Mean: 3.38 Median: 4 Mode: 4 SD: .865
2	Some of the time	2	9.1	
3	Most of the time	6	27.3	
4	All of the time	12	54.5	
Total Responses		21	95.5	
Missing		1	4.5	

### **Southcentral Region**

Fifty percent (50%) of contacted families in the Southcentral Region responded to the 2016 survey. Of the 15 respondents, most noted an ILP did an excellent job, most or all of the time, helping them to know their **rights** (87%), helping them to effectively communicate their children's **needs** (100%), and helping them to help their children develop and **learn** (100%). Overall, results on this measure were somewhat stronger than the previous year.

The satisfaction mean for the Southcentral Region ( $M = 3.76$ ) was very high, above the statewide satisfaction mean ( $M = 3.67$ ). Ratings on individual items ranged from a high 3.67 to an exceptionally high 3.80 (on two items).

### **Southcentral Region: RIGHTS**

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.67 Median: 4 Mode: 4 SD: .724
2	Some of the time	2	13.3	
3	Most of the time	1	6.7	
4	All of the time	12	80.0	
Total Responses		15	100	

### **Southcentral Region: NEEDS**

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.80 Median: 4 Mode: 4 SD: .414
2	Some of the time	---	---	
3	Most of the time	3	20.0	
4	All of the time	12	80.0	
Total Responses		15	100	

### Southcentral Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.80 Median: 4 Mode: 4 SD: .414
2	Some of the time	---	---	
3	Most of the time	3	20.0	
4	All of the time	12	80.0	
Total Responses		15	100	

### Southeast Region

Fifty percent (50%) of contacted families in the Southeast Region responded to the 2016 survey. Of the 15 who responded, most indicated the ILP did an excellent job most or all of the time helping them to know their **rights** (93%), helping them to effectively communicate their children's **needs** (93%), and helping them to help their children develop and **learn** (100%). This was a stronger regional result on this measure than the previous year.

Satisfaction in the Southeast region was exceptionally high ( $M = 3.82$ ), well above statewide satisfaction ( $M = 3.67$ ). Item means ranged from a very high 3.73 to a remarkable 3.93.

### Southeast Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.80 Median: 4 Mode: 4 SD: .561
2	Some of the time	1	6.7	
3	Most of the time	1	6.7	
4	All of the time	13	86.7	
Total Responses		15	100	

### Southeast Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.73 Median: 4 Mode: 4 SD: .594
2	Some of the time	1	6.7	
3	Most of the time	2	13.3	
4	All of the time	12	80.0	
Total Responses		15	100	

### Southeast Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.93 Median: 4 Mode: 4 SD: .258
2	Some of the time	---	---	
3	Most of the time	1	6.7	
4	All of the time	14	93.3	
Total Responses		15	100	



## Discussion of Comments Added to Surveys

The second page of the EI/ILP 2016 Family Outcomes Survey instrument invited caregivers to make comments. Well over half of responding caregivers (39 or 58% of respondents) added comments to their surveys. Some comments are included in the following text as examples. In the body of the report, sometimes only the more relevant portions of comments are included. Full comments are in Appendix B.

**Notes:** Because researchers at the Center for Human Development have a responsibility to take reasonable measures to protect identities of survey respondents, identifying information respondents included in comments is excluded or replaced with generic terms in brackets. This type of information includes names of respondents, children, service providers, programs, areas of residence, or any contact information. If a specific disability or a lot of information relevant to a unique medical condition and/or personal circumstances seems to make a respondent more identifiable, all or parts of the information may be excluded. In very rare instances, completely irrelevant comments may be excluded.

### *Expressions of Gratitude & Satisfaction*

Twenty-four, or 62% of the 39 respondents who added a comment clearly used it as an opportunity to express positive statements of gratitude or to further highlight their satisfaction with programs, services, or providers. Examples:

Without them we would not know how to be parents. We are truly blessed. They work with the whole family. They give us resources we would not know about. We are truly grateful.

Our ILP provider was amazing. It was very good for us and I wish it went beyond 3 years old. We are very grateful.

Our experience with the ILP was very positive. They were super helpful. Our son made tons of advances. Now he sometimes drives us crazy because he talks all the time!

They are awesome. We wouldn't be anywhere without them. It is huge!

Our ILP provider helped us in more ways than I think she knows. She taught us how to find resources we needed. She was always a resource. We wish we didn't outgrow these services.

### *Mixed Expressions of Satisfaction / Dissatisfaction*

There were five comments (13% of the 39 commenters) where caregivers indicated positive things along with an indication there was something not as satisfying about their total experience. The following mostly positive example illustrates this mixed nature.

For the most part, they were really awesome. I would definitely contact them again and I would recommend them to other families. They were very nice, friendly, and helpful. They taught me things I did not know. They were excellent and my children enjoyed them. The younger children are thriving, but they can tear up the house. *It seemed like the ILP providers were way more concerned about the cleanliness of the house than about how much progress the children were making.* (italics added)

### *Expressions of Frustration or Other Indications of Dissatisfaction*

Two respondents added comments that purely expressed frustration or dissatisfaction. There were negative portions of five mixed comments. Mostly, they expressed a lack of quality in the ILP services families received. Examples:

I feel I have always been unclear about the school for the ILP. Where it will be, when, how long, what they will be doing. I just recently learned that it is completely different than Head Start. The info was just very vague for me.

We would have liked a little more assistance finding resources.

They were not at all prepared for a scheduled meeting, causing me to waste time and go out of my way to follow up. They didn't seem to care how inconvenient this was for me. It was a lack of courtesy and a lack of professionalism. My time was not valued.

I felt that our providers wanted to do more for and with us, but they were either too busy to complete tasks or they did not prioritize us. Things seemed to take a long time to complete. I felt like I was always waiting for something and then it was no longer needed or no longer appropriate. I felt like there could have been better follow through.

When we have in-home care, like a nanny or babysitting in someone's home, then the ILP works with the care provider. When we have out-of-home care, like a daycare center, then not so much.

### *Childcare Comments*

The survey has items to help ascertain community access to childcare, so it is not surprising when caregivers address childcare issues in comments. The overall availability of quality childcare resources in a community is beyond the scope of ILP responsibility. Nine respondents added something about childcare. In three of these cases, a portion of the respondent's comment was about ILP services and a portion was about childcare. The portions relevant to childcare were separated and listed with the other childcare comments in Appendix B. Examples:

Childcare in general in [Community] is very lacking. I've talked with other families and everyone has trouble finding good quality childcare.

In our village there is no childcare. The only resource is family who can watch him a little while so we can have a break.

It is worth mentioning the reason given by one respondent for why an ILP provider did not work with a childcare provider:

It was not the ILP's fault that they did not work more with the childcare provider. It was the daycare center that didn't allow or limited the time someone could come in.

### *Other Comments*

There were two "Other" comments and a portion of one comment that did not fit in above categories. Two noted personal circumstances, without expressing either satisfaction or dissatisfaction with services. One questioned the meaning of "childcare" in survey items.

### *Nature of Comments by Region*

The subset of respondents who voluntarily added comments to surveys cannot be considered representative of the population that received services, either statewide or regionally. Therefore, it is not appropriate to broadly judge an entire region or programs within regions based strictly on comments. With that caveat in mind, Table 11 shows the nature of comments sorted by EI/ILP regions.

**Table 11:** Distribution of comments by EI/ILP regions

EI/ILP Region	ILP Grantees	Positive	Mixed	Negative	Childcare*	Other	Totals
Northern	ACC, NWA, NSH, TCC	7	1	---	---	---	8
Anchorage	PIC, FOC	5	3	---	2(1)	1	11
Southcentral	BBA, KAN, MSU, YKH	5	1	1	2	1	10
Southeast	CFC, CCK, FCS, REA, SFS, SVC	7	---	1	2(2)	(1)	10
Statewide		24	5	2	6(3)	2(1)	39

\*Numbers in parentheses represent portions of comments placed in the category.

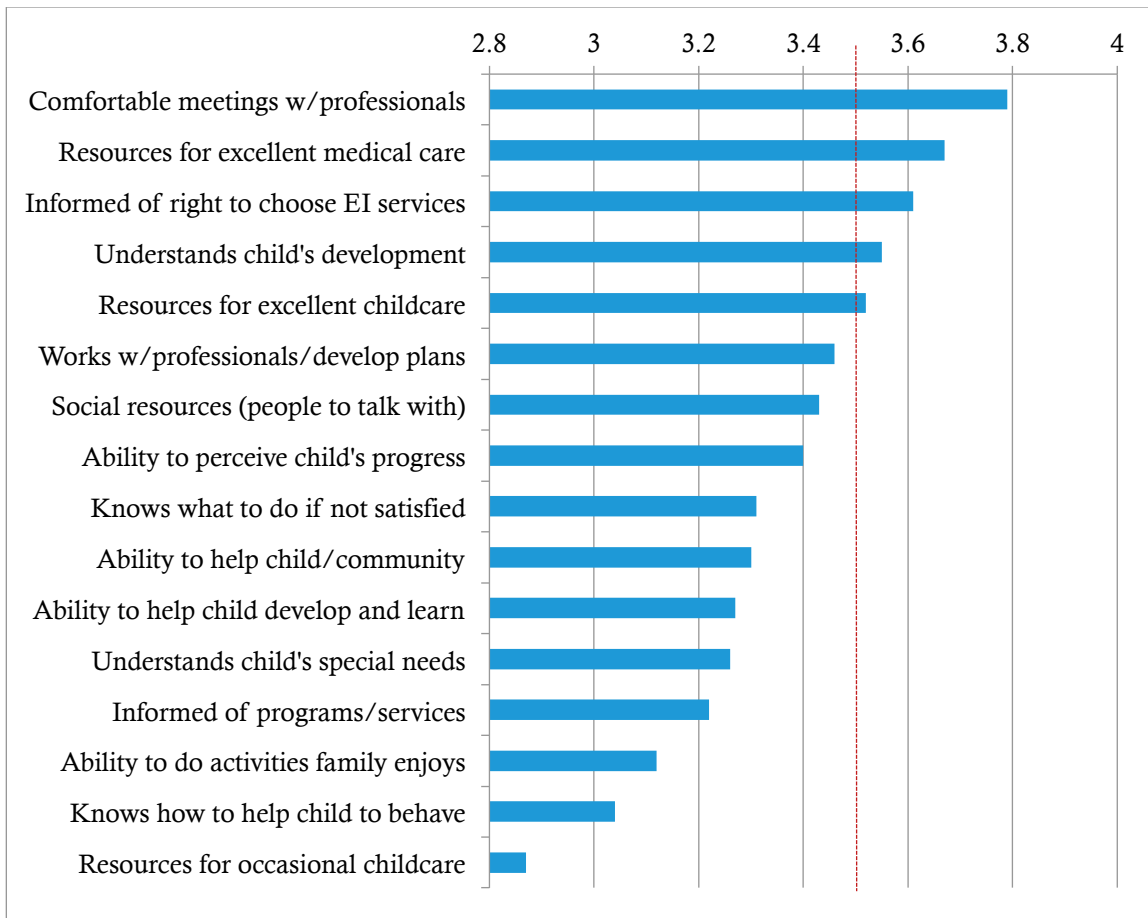
**Note:** If requested, de-identified comments are shared with the State EI/ILP office separate from this report sorted by the ILP grantees. This information is treated as confidential for their use only. From a management standpoint, this allows the EI/ILP office to pinpoint specific problems for targeted training/intervention for ILP staff.

## **Conclusions**

It can be concluded from the results of the 2016 Family Outcomes Survey that the vast majority of families (approximately 93%) were satisfied all ( $\cong 72.6\%$ ) or most ( $\cong 20.4\%$ ) of the time with the ILP services they received during the 2015 calendar year. Even though regional differences in satisfaction were not statistically significant, a movement downward in the Anchorage Region deserves some attention to determine what might have reduced family satisfaction during the 2015 calendar year as compared to the previous two years.

The lower responses from families with Native children in Outcome 2 are a concern. It seemed that this was largely about information that was communicated to families. How information was shared might not have been as effective for families with non-White children in general. Cultural differences and language differences should be revisited.

Figure 5 shows the aspects of family knowledge, resources, and abilities from strongest to weakest, as measured in the 2016 survey (i.e., excluding satisfaction items). The dashed line represents a mean of 3.50, which can be considered a benchmark for very strong outcomes. The pattern of relative item strengths is somewhat different than the previous year, but there was a continuation of more items surpassing the benchmark for strength since the 2014 survey. It is also true that most of the weak results in 2016 were weaknesses that have persisted over time.



**Figure 5:** Relative strengths and weaknesses in family outcomes

Regarding childcare issues, the availability of childcare in communities is beyond the scope of ILP responsibility. However, an area where ILP providers can make a difference in the quality of local childcare is in working with childcare providers to help them understand and address the special needs of young children they both serve. The evidence in this survey suggested that as a whole, fewer children and families have been receiving this benefit since the 2013 survey. It is also worth mentioning, as a comment indicated, it can be the daycare center that impedes ILP access and assistance.

### Issues for Survey Administration

*Methodology.* It is recommended that the Alaska State EI/ILP office continue to use aspects of methodology that have evolved over time for its Family Outcomes Survey. This includes using a randomly selected 20% target group stratified by geography and by race of children, multiple options for responding, and follow-up by phone and reminder postcards. This is an effective balance of good science with reasonable cost.

*Race/ethnicity data.* Data entry on race/ethnicity in the field has continued to improve. In previous years there was one persistent problem where providers did not indicate any race data if they indicated Hispanic/Latino. In the 2016 data, the higher incidence of potential errors of this type occurred in three grantee areas (CFC, FOC, and PIC).

*Contact information for families.* It is difficult for providers to keep contact information up to date, especially for families that have exited. However, missing phone numbers and wrong numbers are initial data entry errors that inhibit the administration of this survey. Non-working phone numbers continued to be a big issue. This year the greatest negative impact was on families with Native children.

*Incentives.* In the past year, university administration implemented onerous procedures required to satisfy what they understand as requirements of the U.S. Internal Revenue Service (IRS) for giving out incentives to participants in research. These procedures require participants to provide detailed sensitive information to be held in auditable institutional records before incentives can be purchased and distributed. Though accounting personnel believe this still preserves confidentiality, the form they require fully identifies a person as a research participant and the records further identify the fund (or project) that paid for the incentive. This inevitably connects a person to specific research. Researchers are forced to choose between legal requirements of the IRS and the laws that protect human subjects. Due to this situation, this was the first year where no drawing for \$25 gift cards was offered with this survey. This may have depressed the response rate, especially for those people who had a working phone number, were prompted to expect a call from UAA for this survey, but declined to answer calls with caller ID for UAA, even after a voicemail message reminded them it was for this survey.

*Extra childcare items.* It is worth considering whether or not the five extra items about childcare continue to provide meaningful information to the EI/ILP. Most of these results to not change much over time and the issues they address are beyond the scope of the state agency and its grantees. How these items are presented to participants has improved, but there is still some confusion about how to answer these items. An example was the confusion expressed by one respondent in a comment about the definition of “childcare.” This person responded by mail, so did not get an answer to the question. Over the phone, it is not unusual for respondents to ask for similar clarification.

*Sensitivity of the scale.* It has previously been recommended to consider replacing the 4-point Likert scale with one that has more points (more sensitive to change) and/or an interval scale where only the end-points are labeled (superior design for statistical analysis). There are a number of advantages to keeping the current scale. It is not only congruent with Native ways of thinking, but seems to be quickly understood by all respondents, which works well over the phone. It also makes it easier to compare results with previous years, allowing for statistical tests with past results that used the same scale. However, a 4-point scale is not very sensitive. This is problematic in terms of statistical analyses. It is likely there are meaningful differences in results that cannot be detected or confirmed because of a lack of sensitivity in the scale.

## Appendix A: Invitational Letter & Survey Instrument

Note: Materials sent in the mail were on a larger scale (8.5 X 11 inch pages)



April 15, 2016

Dear Parent or Guardian:

Hello! The State of Alaska Early Intervention/Infant Learning Program is looking for ways to improve early services for children. You can help by completing the enclosed brief survey, which has questions about the services your child received during the previous calendar year from one of the community Early Intervention/Infant Learning Programs. There is a map and list of those programs on the back of this letter for your reference. Your participation in this survey is completely voluntary and we hope you will take about 5-10 minutes to give your feedback.

The UAA Center for Human Development (CHD) is an independent contractor collecting the surveys and they will be the only ones to see completed surveys. You can use the enclosed paper copy and return it to CHD in the postage-paid envelope, or you can complete it online at this address: <http://bit.ly/1Q6sSOD>. You can also call CHD toll-free at 1-800-243-2199 weekdays between 9am and 4pm and ask to complete the "Family Outcomes Survey" over the phone.

You can be sure that your responses will be confidential. The staff from the State EI/ILP will not see individual surveys at any time. No individual responses will be identified. Your answers will be grouped together with those from other families. By returning a completed survey or completing it online or over the phone, you are agreeing to participate.

If you choose the online or phone option, please have this letter handy as you will need the "Survey Verification Number" printed at the bottom to begin the survey. CHD will check these numbers off a list so they stop contacting people who have already completed the survey.

If CHD has not heard from you in a couple of weeks, they will give you a call or send a reminder. Please complete the survey no later than May 23. If you have any questions about this survey, you are welcome to contact me at (907) 269-3423. Thank you very much for your help!

Sincerely,

A handwritten signature in blue ink, which appears to read "Lisa Balivet".

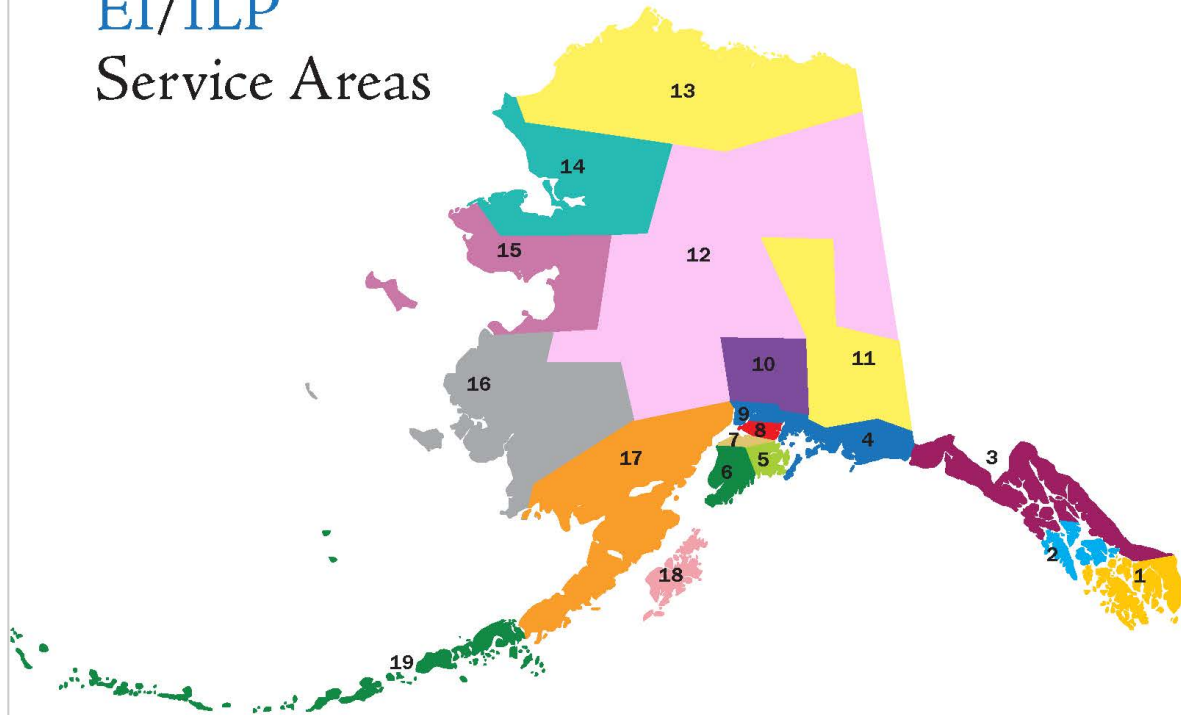
Lisa Balivet  
Alaska Part C Coordinator  
Early Intervention/Infant Learning Program

**Survey Verification Number:**

If you have any questions about your rights as a participant in program evaluation, please contact  
**Sharilyn Mumaw**, Research Integrity Compliance Officer  
UAA Office of Research and Graduate Studies: (907) 786-1099



## EI/ILP Service Areas



- 1** Community Connections Ketchikan
- 2** Center for Community Early Learning Program
- 3** REACH, Inc
- 4** Family Outreach Center
- 5** SeaView Community Services
- 6** Sprout Family Services - Birth to Three ILP
- 7** Frontier Community Services Early Intervention Program
- 8** PIC - Programs for Infants and Children
- 9** Family Outreach Center for Understanding Special Needs - ILP
- 10** Mat-Su Services for Children & Adults
- 11** ACCA - Alaska Center for Children and Adults
- 12** Tanana Chiefs Conference - ILP
- 13** ACCA - Alaska Center for Children and Adults
- 14** Northwest Arctic School District - ILP
- 15** Norton Sound Health Corporation - ILP
- 16** Yukon Kuskokwim Health Corporation - Family Infant Toddler Program
- 17** Bristol Bay Area Health Corporation - BBAHC - ILP
- 18** Kodiak Area Native Association - ILP
- 19** Sprout Family Services - Birth to Three ILP

### Family Outcomes Survey

Please circle the number that best reflects how often each statement is true for you and your family. Circle **only one number** for each answer. It is okay if you are answering just for yourself (your own opinion or experience) or as a family with shared opinions or experiences.

The statements refer to a "child" but we know some families have more than one child in the program. In those cases your answers reflect your general or averaged opinions or experiences.

	None of the Time	Some of the Time	Most of the Time	All of the Time	
1. Our child is growing and learning and we understand our child's development very well.	1	2	3	4	
2. We know most of what we need to know about our child's special needs.	1	2	3	4	
3. We can tell if our child is making progress.	1	2	3	4	
4. We are fully informed about the programs and services that are available for our child and family.	1	2	3	4	
5. We have been informed of our right to choose which Early Intervention services we receive.	1	2	3	4	
6. We are comfortable participating in meetings with professionals to plan services or activities for our child.	1	2	3	4	
7. We know what to do if we are not satisfied with any part of our child's program and services.	1	2	3	4	
8. We know how to help our child develop and learn.	1	2	3	4	
9. We know how to help our child learn to behave.	1	2	3	4	
10. Our family has worked with professionals to develop a plan to help our child learn new skills.	1	2	3	4	
11. There are people we can talk with any time we want, to help us deal with problems or celebrate when good things happen.	1	2	3	4	
12. We have people we can call on for help when we need someone to watch our child for a short time.	1	2	3	4	
13. We are able to do the activities our family enjoys.	1	2	3	4	
14. We have excellent medical care for our child.	1	2	3	4	
15. Our child has opportunities to fully participate in activities in the community (e.g., playing with others, social or religious events).	1	2	3	4	
16. Our ILP provider has done an excellent job...					
-- helping us know our rights.	1	2	3	4	
-- helping us effectively communicate our child's needs.	1	2	3	4	
-- helping us help our child develop and learn.	1	2	3	4	
The next few items are about your experience with childcare for your child. If an item is not relevant to your situation, you can say "n/a."					
17. We have excellent childcare for our child.	1	2	3	4	n/a
18. Our ILP provider works closely with our childcare provider.	1	2	3	4	n/a

Please continue on the other side...

19. If you do not have regular childcare, please check which is most true:

- ☐ We don't want regular childcare at this time  
☐ We want childcare, but have not looked for it yet  
☐ We want childcare, but can't find any that works for us at this time  
☐ n/a

The next few statements are about childcare resources in your community. If you are not aware of a resource, you can say "don't know."

	None of the Time	Some of the Time	Most of the Time	All of the Time	
20. There is childcare where we live that is able to care for children with special needs.	1	2	3	4	don't know
21. Childcare seems to be important to our whole community.	1	2	3	4	don't know
22. There is a childcare provider we can use who can follow our child's plan (IFSP).	1	2	3	4	don't know

Please note that comments written below go directly to the researcher. Your confidentiality is protected, so names or identifying information will not be included with your comments in any summaries or reports. That means that the State EI/ILP office will not be able to answer personal questions or concerns written here. You are always welcome to communicate with them directly using the contact information in the letter that accompanied this survey.

**Comments:**

Please return the completed survey in the prepaid envelope to:

UAA Center for Human Development  
 2702 Gambell St., Suite 103  
 Anchorage, AK 99503  
 Attn: Roxy, Research/Evaluation

*Thank you very much for taking your time to complete this survey!*

## Appendix B: Comments Added to Surveys

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### Positive Comments (24 or 62% of comments)

Without them we would not know how to be parents. We are truly blessed. They work with the whole family. They give us resources we would not know about. We are truly grateful.

If my son was not in the ILP and in preschool, he would be far behind.

These services have really helped our son and we are grateful for that.

We had a good experience with our ILP provider. I think it is a very good program.

Our son has progressed tremendously and we are no longer concerned about his [condition].

Our ILP provider was amazing. It was very good for us and I wish it went beyond 3 years old. We are very grateful.

My ILP provider is very good. I could not be happier or more content. I love her.

Our ILP provider was excellent every time.

I like how flexible and easy it is for my son to transition between school and home, and socializing with others. His language has developed well over the past year with the resources provided to us.

Our experience with the ILP was very positive. They were super helpful. Our son made tons of advances. Now he sometimes drives us crazy because he talks all the time!

We have been thrilled with the ILP. Our ILP provider is competent and caring. We feel very confident with her care.

They are awesome. We wouldn't be anywhere without them. It is huge!

Our ILP provider helped us in more ways than I think she knows. She taught us how to find resources we needed. She was always a resource. We wish we didn't outgrow these services.

[ILP] is really doing great with our daughter.

Our ILP provider did an amazing job and we are very grateful.

[Name] has been an excellent ILP Provider. Available to answer my questions and always checks on how my son is doing. I always enjoy meeting up with her.

The ILP provider has been tremendous. It has really benefited us. They have been amazing coaching us and another parent in our home. They have been very accommodating and flexible. It is amazing to learn and watch others learn.

We did love our ILP provider and miss her very much.

Our ILP person was absolutely wonderful and worked hard to see we had what we needed.  
We're sorry not to see her anymore.

[ILP] evaluators were sweet and cool. They were rad. I appreciate what they do.

My ILP provider did a great job. She gave me lots of information and feedback. They would come to both home and daycare and compare behavior in both settings.

We had a really good experience with [ILP]. Our children no longer receive those services. We are really impressed with our new providers and facilities. We like the offerings. There are a lot of resources through [parent organization] and [childcare agency].

[Provider Name] at [ILP] in [Community] was wonderful!

People have been very helpful and I really appreciate the help.

### **Mixed Positive and Negative Comments (5 or 13% of comments)**

They were very professional and [Provider Name] was amazing. We were very pleased with the services. We would have liked a little more assistance finding resources.

The ILP was very helpful finding resources, but one incident was disappointing. They were not at all prepared for a scheduled meeting, causing me to waste time and go out of my way to follow up. They didn't seem to care how inconvenient this was for me. I was a lack of courtesy and a lack of professionalism. My time was not valued.

I felt that our providers wanted to do more for and with us, but they were either too busy to complete tasks or they did not prioritize us. Things seemed to take a long time to complete. I felt like I was always waiting for something and then it was no longer needed or no longer appropriate. I felt like there could have been better follow through. There was lots of caring and understanding. I appreciated that. I did ask for a lot and I know that. I just had no one else to ask.

For the most part, they were really awesome. I would definitely contact them again and I would recommend them to other families. They were very nice, friendly, and helpful. They taught me things I did not know. They were excellent and my children enjoyed them. The younger children are thriving, but they can tear up the house. It seemed like the ILP providers were way more concerned about the cleanliness of the house than about how much progress the children were making.

When we have in-home care, like a nanny or babysitting in someone's home, then the ILP works with the care provider. When we have out-of-home care, like a daycare center, then not so much. That's what we have right now. In-home care providers are the best options and they are the most difficult to get.

### **Negative Comments (2)**

For this village, and all the children who live here, there are no activities. They don't call us. There was a flier about activities, but those are not happening. I am concerned about our

children in the village. The OCS person designated for our village is not doing anything. There is nothing for the children to do when they are not fishing or doing other subsistence.

I feel I have always been unclear about the school for the ILP. Where it will be, when, how long, what they will be doing. I just recently learned that it is completely different than Head Start. The info was just very vague for me.

### **Other Comments (2 and 1 portion of a comment)**

We have been waitlisted for [type of service] that has not started yet.

We are all finished with the program. My child is over three now.

Regarding the "childcare" questions... It's not exactly clear to me what "childcare" means in the questions. Is it referring to a childcare that "watches" kids and babies or the school for the early learning program, both, or more?

### **Childcare Comments (6 and 3 portions of comments)**

It would be great to have people who were qualified to provide respite care. We have the funding, but can't find anyone.

My grandma watches [Child]. I have never had to search out a stranger to care for my child. Childcare is important to people who need it, but not so much at higher levels of community. They are cutting a lot of services for children. It is the low hanging fruit in the big picture.

Our current childcare provider has worked as a service provider for children with special needs.

We would like to see childcare specific for children with autism.

I always try to make sure my daughter is in good hands.

It was not the ILP's fault that they did not work more with the childcare provider. It was the daycare center that didn't allow or limited the time someone could come in.

He is just in [type of service] so there isn't very much a childcare provider needs to do.

Childcare in general in [Community] is very lacking. I've talked with other families and everyone has trouble finding good quality childcare.

In our village there is no childcare. The only resource is family who can watch him a little while so we can have a break.